

VOLUNTEER SARATOGA Application

PERSONAL INFORMATION:

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone () _____ Work () _____

Cell Phone () _____ Email: _____

MINOR'S RELEASE (needs to be 14 or older)

I hereby give permission for my child to participate in Saratoga's Volunteer Program. I understand that he/she is working on a voluntary basis and there exists no employment relationship between my child the City of Saratoga.

I further agree to hold harmless the City of Saratoga in regard to any personal injury sustained by my child during the time he/she is engaged in the voluntary activities with the City.

Parent's Signature _____ Date: _____

VOLUNTEER SARATOGA

EMERGENCY FORM

Emergency Contact:

Name: _____

Relationship to volunteer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Are there any health conditions or medications that we should know about in case of emergency?

YES ___ NO ___ Please explain:

VOLUNTEER AGREEMENT

The City of Saratoga will provide the Volunteer the following:

- Training and orientation to allow the volunteer to meet the responsibilities of his/her position
- Letter of reference (upon request)
- Worker's Compensation benefits in case of injury. Must be a registered volunteer with the City and must regularly submit time cards
- The same respect given to paid City staff and deference given to a valuable City asset

☐ Ongoing evaluations and feedback

I, (name) _____ as a Volunteer for the City of Saratoga agree to the following:

- ☐ Perform my duties to the best of my ability
- ☐ Regular and prompt attendance. I will notify my supervisor as soon as possible when unable to work
- ☐ Record hours on a daily time card and submit them to the Volunteer Saratoga office at the end of each month
- ☐ Observe policies and procedures of the City and the department where assigned

Volunteer Signature: _____ Date:

Supervisor Signature: _____ Date:

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in the application. I acknowledge that any false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I am aware that fingerprinting and a background investigation will be required before placement involving children and/or any other sensitive position.

Signature of Applicant _____

Date _____

03/05

13777 Fruitvale Av. Saratoga, CA 95070
(408) 868-1216 debbieb@saratoga.ca.us

Dates worked on project: _____

Project name or location _____

