



CITY OF FONTANA

VOLUNTEER APPLICATION

HUMAN RESOURCES DEPARTMENT
USE ONLY:

PERSONAL INFORMATION:

NAME:	TELEPHONE/CELL #:
ADDRESS:	
CITY:	EMAIL:
ZIP CODE:	DATE OF BIRTH:
EMERGENCY CONTACT:	TELEPHONE/CELL#:

AVAILABILITY (HOURS): _____

AVAILABILITY (DAYS): _____

AREA IN WHICH YOU REQUEST TO PERFORM VOLUNTEER WORK (PLEASE CHECK ONE):

- | | |
|---|---|
| <input type="checkbox"/> ADMINISTRATIVE OFFICES | <input type="checkbox"/> MARY VAGLE NATURE CENTER |
| <input type="checkbox"/> AQUATICS | <input type="checkbox"/> NEIGHBORHOOD CENTER: _____ |
| <input type="checkbox"/> CULTURAL ARTS (ART DEPOT / CENTER STAGE) | <input type="checkbox"/> SENIOR CENTER |
| <input type="checkbox"/> HEALTHY FONTANA | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> KFON TV | |

EDUCATION:

HIGHEST LEVEL OF EDUCATION: _____

SKILLS: _____

EXPERIENCE (PAID/OR VOLUNTEER):

COMPANY/ ORGANIZATION:	COMPANY/ ORGANIZATION:
DATES OF EMPLOYMENT:	DATES OF EMPLOYMENT:
SUPERVISOR:	SUPERVISOR:

REFERENCES (NON- RELATIVES)

NAME: _____

PHONE NUMBER: _____

NAME: _____

PHONE NUMBER: _____

REVIEW CAREFULLY BEFORE SIGNING

GENERAL RELEASE OF LIABILITY: *For and in consideration of the granting of permission to participate in the activities conducted by and/or with City personnel, in my volunteer status, the undersigned, on behalf of him/herself, his/her heirs, executors, administrators, and assigns, hereby fully releases and discharges City of Fontana, its members, agents, and employees from any and all claims, actions and liabilities that may arise as a result of my volunteer participation with the City of Fontana.*

The undersigned has read this General Release of Liability and fully understands and acknowledges the significance of said General Release of Liability and hereby assumes full responsibility for any injuries, damages or losses that he/she may incur from my volunteer participation with the City.

As a Volunteer, I understand that I will be at-will and that my services may be terminated without cause, at any time, at the sole discretion of the City of Fontana. I also understand that I am not entitled to receive compensation or benefits of any kind from the City, including those afforded in accordance with CA Workers' Compensation laws. I am also aware that I have no expectation of future employment with the City of Fontana

I further understand that should I use my automobile in Volunteer Service, I will keep in effect, automobile liability insurance equal at least to the minimum limits required by the State of California.

DATE: _____

PRINTED NAME OF VOLUNTEER

SIGNATURE

SIGNATURE OF PARENT / GUARDIAN (IF A MINOR)

Application must be submitted to the Human Resources Department for processing:

**8491 Sierra Ave, STE B
Fontana, CA 92335
Mon.-Thurs. 8a.m-5p.m.**

HUMAN RESOURCES COMMENTS: _____