



**City of Martinez/Pleasant Hill Martinez IFA**  
 525 Henrietta Street, Martinez CA 94553-2394

**VOLUNTEER APPLICATION AND WAIVER FORM**

City of Martinez, CA  
 525 Henrietta Street  
 Martinez, CA 94553

Senior Center Applications:  
 (925) 370-8770  
 Fax: (925) 229-2467

Leisure Services Applications:  
 (925) 372-3510  
 Fax: (925) 372-3509

All Other Programs:  
 (925) 372-3522  
 Fax: (925) 229-5012

Thank you for your interest in volunteering for the City of Martinez. We have ongoing volunteer opportunities in **Leisure Services** and at the **Senior Center**. From time to time, volunteer opportunities become available in other departments of the City.

Please fill out the information listed below and return at your earliest convenience. Be sure all the information is complete, as this will assist us in matching your talents and interest with a volunteer assignment.

Date: \_\_\_\_\_ Languages: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student Volunteer: Name of School \_\_\_\_\_ Grade \_\_\_\_\_

**Availability:** Please indicate the days and times you are usually available to volunteer.

Times Available: \_\_\_\_\_

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any volunteer and or professional experience: \_\_\_\_\_

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**Areas of Interest for Leisure Services**

- Special Events
- Youth and Preschool Classes
- Clerical Assistance
- Counselor-in-training
- Playground/Day Camp

**Areas of Interest for Senior Center**

- |   |  |
|---|--|
| <input type="checkbox"/> CCCafe Nutritional Lunch | <input type="checkbox"/> Alzheimer Program           |
| <input type="checkbox"/> Bingo (weekly)           | <input type="checkbox"/> Quarterly Spring Cleaning   |
| <input type="checkbox"/> Library (periodically)   | <input type="checkbox"/> Quarterly Gardening         |
| <input type="checkbox"/> Special Events           | <input type="checkbox"/> Pancake Breakfast (monthly) |
| <input type="checkbox"/> Decorate                 | <input type="checkbox"/> Cooking                     |
| <input type="checkbox"/> Set Up                   | <input type="checkbox"/> Serving                     |
| <input type="checkbox"/> Serving                  | <input type="checkbox"/> Clean-up                    |
| <input type="checkbox"/> Clean Up                 |  |
| <input type="checkbox"/> Bulletin Folding         | <input type="checkbox"/> Office Assistance           |
|   | <input type="checkbox"/> Maintaining office calendar |
|   | <input type="checkbox"/> Calling volunteers          |

**Areas of Interest for Other City Operations**

- Police Department
- Photography
- Town Beautification
- Information Technology
- Others: \_\_\_\_\_

**AGREEMENT:** By submitting this application, I certify that all statements I have made on my application are true and complete and I hereby authorize, under penalty of perjury, the City of Martinez to confirm the accuracy of this information. I am aware that fingerprinting is required at the City's expense before placement in any volunteer assignment. In this connection, I hereby authorize the City to access criminal history data bases and other information compiled by the Department of Justice and/or other entities to ascertain whether such sources contain information about me. I understand that I am working at all times on a voluntary basis, without monetary compensation or benefits, and not as a paid employee. As a City of Martinez volunteer, I give the City permission to use any photographs or videos of me during my service without obligation or compensation to me. I understand that the City of Martinez reserves the right to terminate my services at any time with or without reason.

As a City of Martinez volunteer, I have been informed by the City that I am covered under the City's Workers' Compensation insurance policy for any injury or illness related to my job. I understand that the program supervisor will give me the necessary information regarding how to report an injury and how to receive medical care.

**WAIVER AND RELEASE FROM LIABILITY / ASSUMPTION OF RISK**

I fully understand the dangers involved in the activities for which I volunteer for the City of Martinez, and hereby agree to accept any and all risks, including personal injury or death and/or property damage resulting therefrom and I voluntarily and knowingly release and hold harmless the City of Martinez, its officers, employees, volunteers, agents, and any persons or entities with which/whom the City is now or in the future affiliated (collectively "the City"), from any and all liability, lawsuits, or claims for injuries, death, or property damage resulting from, arising out of, or in any way connected with my involvement in the volunteer program. This waiver and release shall apply even in the event that such personal injury, death, or property damage is caused or contributed to in whole or part through the passive or active negligence of the City (with the exception of sole, active negligence). I further acknowledge that this Waiver and Release From Liability/Assumption of Risk is binding on my heirs and dependants, as well as myself.

I also certify that I am not aware of any physical/health conditions that would create a likelihood of harm/injury to myself or others should I participate in a designated volunteer assignment. I further understand that no medical insurance is provided by the City which covers me.

**I HAVE READ THIS WAIVER AND RELEASE FROM LIABILITY / ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT, AND RECOGNIZE THAT IT IS A LEGALLY BINDING DOCUMENT. I SIGN THIS WAIVER AND RELEASE FREELY, VOLUNTARILY, AND WITHOUT INDUCEMENT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent/Guardian Signature if under 18

\_\_\_\_\_  
Date

For Office Use Only  
Live Scan Appointment: \_\_\_\_\_

\_\_\_ Cleared \_\_\_ Not Cleared Date: \_\_\_\_\_

