



VOLUNTEER APPLICATION

Thank you for offering to share your time and talents through the Town of Yucca Valley Volunteer Program. Your interest in the Town of Yucca Valley is vital to our community. To start the process of finding an assignment that fits your needs and ours, we ask that you complete this application. Please answer all questions completely to the best of your knowledge. Please print or type in blue or black ink. Feel free to attach a resume if you believe it will help support your request to work in a specific area. Please be sure to provide complete information in all areas.

Name: _____ Today's Date: _____
Last Middle First

Address: _____ City: _____ Zip Code: _____

Home Telephone No.: _____ Cell No.: _____

E-mail: _____ Best way to be reached: _____

Do you have any medical or physical conditions that would require special accommodations?

Yes No If yes, please specify:

Are you 16 years of age: Yes No

VOLUNTEER INTERESTS

Museum Office Staff Animal Shelter Special Event _____
Recreation Program _____ Other _____

Please indicate day(s) and time(s) you are available to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Anticipated Time Commitment: (check one category) 3 months 6 months 1 year

KNOWLEDGE AND SKILLS

What experience/knowledge do you have in the area you are requesting to volunteer?

Volunteer Experience: _____

Special training (CPR/First Aid, computer programs, etc.) _____

Other information beneficial in determining where your skillset can benefit the Town:

REFERENCES

Please list two people (not related to you) whom we could call for a reference.

Name: _____	Telephone: _____ _____ <i>home</i> _____ <i>work</i>
Relationship to applicant: _____	Years Known: _____
Name: _____	Telephone: _____ _____ <i>home</i> _____ <i>work</i>
Relationship to applicant: _____	Years Known: _____

EMERGENCY CONTACTS

In case of emergency please list two people to notify

Name: _____ Relationship: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Telephone: (*home*) _____ Telephone: (*work*) _____
Name: _____ Relationship: _____

TEENS: Please list parent/guardian as ONE of the two people to contact

PLEASE REVIEW AND ACKNOWLEDGE

_____ I understand all volunteers are subject to a screening process that may include but is not limited to fingerprinting, background check, tuberculosis test, driving record review, interview contacting references. I understand I have the right to refuse any of these screening processes, but in doing so, may become ineligible for volunteer opportunities.

_____ I understand that as a volunteer, I will not be paid for my services.

_____ I understand that my selection as a volunteer is dependent on my review of the job description and ability to perform the essential functions, duties, and responsibilities of the assignment.

_____ I understand that I may not begin an assignment until I have completed orientation and all requested documentation has been submitted.

_____ I understand that I am voluntarily participating in the services that are assigned and that the Town's policy is to cover volunteers as employees of the Town for purposes of Workers Compensation benefits. I also understand that under Workers' Compensation laws, Workers' Compensation benefits will be my sole and exclusive remedy in the event that I am injured participating in volunteer services.

_____ I understand that if using my personal vehicle, the Town is not liable for any damage unless caused by the Town's sole negligence. IN the event of an accident, it is my responsibility to immediately notify my volunteer supervisor.

_____ I understand as a volunteer, that I am subject to all the rules, policies, and regulations of the Town. I further understand that as a volunteer, I may be dismissed at any time at the discretion of the Town, with or without notice or cause.

I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statements of material fact will subject me to disqualification or dismissal from any volunteer program.

Volunteer Applicant Signature

Date

Parent/Guardian Signature (if applicant is a minor)

Date