



SENIOR SERVICES DIVISION  
6500 STOCKTON AVENUE  
EL CERRITO, CA 94530  
(510) 559-7677

## VOLUNTEER APPLICATION

Mr. \_\_\_\_\_ Date: \_\_\_\_\_  
Mrs. \_\_\_\_\_

Miss (Last Name First Name MI)

Ms

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Home Address City Zip Phone

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Business Address City Zip Phone

Educational Background: (Circle last year finished) Age Group: (Circle One)  
High School: 1 2 3 4 College: 1 2 3 4 14-17 18-25 26-35  
Major \_\_\_\_\_ Degree \_\_\_\_\_ 36-45 46-65 Over 65  
School \_\_\_\_\_ Are you a student now? \_\_\_\_\_

When can you volunteer? \_\_\_\_\_

When is the best time to contact you? \_\_\_\_\_

Do you speak foreign language fluently? \_\_\_\_\_ If yes, which? \_\_\_\_\_

What kind of work and/or volunteer experience have you had? \_\_\_\_\_

What are your special skills, hobbies or interests? \_\_\_\_\_

Person to call in case of emergency: \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Must you limit your physical activity in any way? \_\_\_\_\_

How were you referred to Senior Services? \_\_\_\_\_

Have you had a Red Cross First Aid Course? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Name of reference we can contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## VOLUNTEER INTERESTS

(Please check the kinds of volunteer work in which you are most interested.)

\_\_\_\_\_ 1. Helping people directly: (One-to-one? \_\_\_\_\_ or a group setting? \_\_\_\_\_)

\_\_\_\_\_ 2. Service and/or Group activities:

\_\_\_ Driving

\_\_\_ Committee work

\_\_\_ Home Visiting

\_\_\_ Arts & Crafts

\_\_\_ Nutrition Program Volunteer

\_\_\_ Mailing

\_\_\_ Other (Specify) \_\_\_\_\_

\_\_\_\_\_ 3. Office Work

\_\_\_ Typing

\_\_\_ Office Aide

\_\_\_ Receptionist

\_\_\_ Interviewing

\_\_\_ Publicity

\_\_\_ Record Keeping

\_\_\_\_\_ 4. Special/Professional:

\_\_\_ Administration

\_\_\_ Media

\_\_\_ Teaching

\_\_\_ Art/Graphics

\_\_\_ Speaking

\_\_\_ Counseling

\_\_\_ Photography

\_\_\_ Writing

\_\_\_ Entertainment

\_\_\_ Social Work

\_\_\_ Other: (Specify) \_\_\_\_\_

In which general area of services are you most interested?

\_\_\_ Community Service Program

\_\_\_ Transportation

\_\_\_ Public Affairs

\_\_\_ Fund Raising

\_\_\_ Program Development

\*Drivers, please furnish the following information:

Birthdate \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Car License Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Insurance Co. \_\_\_\_\_

### (FOR OFFICE USE ONLY)

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Notes:

Interviewer \_\_\_\_\_

Date \_\_\_\_\_

**RELEASE OF LIABILITY – HOLD HARMLESS AND INDEMNIFICATION AGREEMENT**

*In consideration for the opportunity to volunteer with the City of El Cerrito Volunteer Program, I hereby acknowledge, agree, and represent as follows:*

1. I am volunteering with the City of El Cerrito Senior Services Volunteer Program within the City, which may include helping with Nutrition Lunch, Alzheimer’s Respite, Community Garden, Classes and Programs, Coffee Station, Reception Area, Special Events, Senior Services projects and other activities, and do so with full knowledge of the risks involved. I fully assume all risks of injuries to myself or others caused in any manner by any and all of my actions related to the Programs and its Activities.
2. I fully understand that the Activities can cause loss or damage to equipment, or accidental injury, or in extreme cases, permanent trauma or death. I understand that my participation in the Activities made at my own risk. I agree to assume responsibility to the risks identified herein and those risks not specifically identified.
3. I certify that I am fully capable of participating in the Program and related activities. I therefore assume full responsibility for myself (or minor child, if applicable) and the equipment I use for bodily injury, death, and/or loss of personal property and expenses thereof as a result of the inherent risks and dangers in my negligence in participating in the Program.
4. On behalf of myself, my heirs, executors, administrators and assigns, I hereby waive, release and discharge any and all claims for damages, death, personal injury or property damage that I (or my minor child, if applicable) may have, or that may hereafter accrue to me (or my minor child) as a result of my (or my minor child’s) participation in the Program. This release is intended to discharge in advance the City and its officials, agents, instructors, employees, and volunteers from and against any and all liabilities arising out of or connected in anyway to my participation (or my minor child’s participation) in this event, even though that liability may arise from the City’s negligence in organizing and planning of the Program.
5. I agree to hold harmless and indemnify and defend the City and its officers, employees, agents, and representatives for, from, and against all claims, demands, causes of action or lawsuits of any nature arising from any claimed injuries or damages, including but not limited to judgment, costs, attorney fees, legal expenses, penalties, arising either directly or indirectly or in any manner connected to my involvement and participation in the said Program, or the involvement of my agents, or of anyone related to me.
6. I agree to have photographs, films or tapes recordings taken of me (or the minor child) registered under my signature while participating in the Program. I permit these photographs, films or tapes to be released: to be used in publications, promotional materials, website and for other public information purposes by the City of El Cerrito.

NAME (PRINT) \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*If the participant is under 18 years of age, parent or legal guardian must also sign here:*

NAME (PRINT) \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MINOR’S NAME \_\_\_\_\_

You must read the above statements and sign this registration form to participate in the City of El Cerrito Senior Services Volunteer Program. Please complete this form prior to participating in Senior Services Volunteer Program Activities. You may complete it at an event, bring the completed form with you to an event, or return it to us prior to any event via the following methods:

Fax (510) 524-3965

Email: [jbilbas@ci.el-cerrito.ca.us](mailto:jbilbas@ci.el-cerrito.ca.us)

Mail: City of El Cerrito Senior Services  
10890 San Pablo Ave., El Cerrito, CA 94530