



CITY OF HERCULES
VOLUNTEER APPLICATION

Human Resources Department
 111 Civic Drive
 Hercules, CA 94547

(510) 799-8214

Visit our website at www.ci.hercules.ca.us

PLEASE NOTE:

- Answer all questions.
- Print in ink or type.
- Incomplete or illegible applications may be disqualified
- A separate application must be submitted for each position
- Falsification or deceptive omission of requested information may cause application rejection, removal from eligible lists, or dismissal
- If you feel that you have a need for special testing arrangements due to physical limitations, call (510) 799-8214

THE CITY OF HERCULES IS AN AFFIRMATIVE ACTION - EQUAL OPPORTUNITY EMPLOYER. IT IS AN OBJECTIVE OF THE CITY OF HERCULES TO MAINTAIN A DRUG-FREE WORK PLACE.

DEPARTMENT INTERESTED IN VOLUNTEERING FOR:	DATE
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PERSONAL INFORMATION

NAME (LAST, FIRST MIDDLE INITIAL)

ADDRESS (#, STREET, CITY, STATE, ZIP)

HOME PHONE	WORK PHONE	CELL PHONE OR MESSAGE PHONE
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EMERGENCY CONTACT NAME & NUMBER:	EMAIL ADDRESS
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HOW MANY HOURS PER WEEK CAN YOU VOLUNTEER? _____ AM PM

HOW MANY DAYS PER WEEK CAN YOU VOLUNTEER? (Check all that apply): M T W TH F

IF HIRED CAN YOU SUBMIT VERIFICATION OF YOUR RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A WORK PERMIT (Minors Only): <input type="checkbox"/> YES <input type="checkbox"/> NO
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HOW SOON ARE YOU AVAILABLE TO START WORK? DATE: _____ TIME: _____	TRANSPORTATION TO & FROM ASSIGNMENT: OWN CAR: <input type="checkbox"/> PUBLIC TRANSPORTATION: <input type="checkbox"/> OTHER: <input type="checkbox"/> Specify: _____
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Have you ever been convicted of any offense(s) other than a driving violation? Yes _____ No _____
 If yes, list offense(s) and date(s) of the conviction(s) on another sheet of paper and attach to this application. A "Yes" answer does not necessarily result in disqualification.

Were you ever terminated for forced to resign from a position? Yes _____ No _____ If yes, list details on a separate sheet of paper and attach to this application. This answer will not necessarily result in disqualification.

Do you have any relatives working for the City of Hercules? Yes _____ No _____ If yes, please list who and what department they work.

EDUCATION AND TRAINING INFORMATION - Verification of education may be requested

Check Highest Grade Completed:	8	9	10	11	12	If not a H.S. Graduate, do you have a G.E.D.?	Yes	No
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NAME AND LOCATION OF COLLEGE, UNIVERSITY, OR TRADE SCHOOL	COURSE OF STUDY	COMPLETED UNITS	DEGREE OBTAINED, IF APPLICABLE
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INTERESTS: (Check all that apply):
 Administrative Tasks
 Typing
 Filing
 Computer/Data Entry
 Phone Support

 Other: _____
EMPLOYMENT HISTORY (May we contact your current employer as to your character, qualifications, etc? Yes ____ No ____)

FROM (MO/YR)	TO (MO/YR)	JOB TITLE/CLASSIFICATION	SALARY EARNED PER
DUTIES PERFORMED		EMPLOYER (INCLUDE ADDRESS & PHONE NO.)	
REASON FOR LEAVING:			
FROM (MO/YR)	TO (MO/YR)	JOB TITLE/CLASSIFICATION	SALARY EARNED PER
DUTIES PERFORMED		EMPLOYER (INCLUDE ADDRESS & PHONE NO.)	
REASON FOR LEAVING:			
FROM (MO/YR)	TO (MO/YR)	JOB TITLE/CLASSIFICATION	SALARY EARNED PER
DUTIES PERFORMED		EMPLOYER (INCLUDE ADDRESS & PHONE NO.)	
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FROM (MO/YR)	TO (MO/YR)	JOB TITLE/CLASSIFICATION	SALARY EARNED PER
DUTIES PERFORMED		EMPLOYER (INCLUDE ADDRESS & PHONE NO.)	
REASON FOR LEAVING:			
FROM (MO/YR)	TO (MO/YR)	JOB TITLE/CLASSIFICATION	SALARY EARNED PER
DUTIES PERFORMED		EMPLOYER (INCLUDE ADDRESS & PHONE NO.)	
REASON FOR LEAVING:			

CERTIFICATION - IMPORTANT - PLEASE READ BEFORE SIGNING

I hereby certify that all statements made on or in connection with this application are true and I understand and agree that any misstatements or omissions of material facts may cause forfeiture of my eligibility for employment by the City of Hercules. I further agree to be fingerprinted for the purposes of a criminal record check, which is part of the application process, and to submit to a complete medical examination to ascertain my fitness for duty, by a City physician upon a job offer. I agree to furnish such proof of age, education, and legal right to work in the United States, as may be directed as conditions of employment upon job offer and or hire. I further understand that any or all information included on this application or its attachments are subject to verification by the City of Hercules.

APPLICANT'S SIGNATURE

DATE SIGNED

CITY OF HERCULES - VOLUNTEER WAIVER AND RELEASE FORM

All volunteers must complete Section A. All Volunteers under the age of 18 must complete Section A and the Volunteer's parent or legal guardian must complete Section B. This form must include an attached Volunteer Project Description form which describes the project and volunteer service in enough detail to inform the Volunteer of potential risks.

Section A: Applicable to all volunteers.

My name is _____ ("Volunteer"). It is Volunteer's intention to perform voluntary services without compensation for the City of Hercules ("City") in the project described on the attached form.

Assumption of Risk

Volunteer hereby assumes the risk of, and responsibility for, any injury (including death) or damage that he or she may sustain arising out of or in any way connected with the activity described on the attached form. This includes any injury not covered by Workers' Compensation benefits, as described below, and death or damage resulting from any acts or omissions, whether negligent or not, by or on behalf of the City, their officials, employees, volunteers or contractors. VOLUNTEER EXPRESSLY ASSUMES ALL RISKS OF THE ACTIVITY DESCRIBED ON THE ATTACHED FORM.

Workers' Compensation

Volunteer has been advised that the City's policy is to cover volunteers as employees of the City for the purposes of Workers' Compensation benefits. Volunteer also understands that under Workers' Compensation Laws, Workers' Compensation benefits will be Volunteer's sole remedy in the event the Volunteer is injured while performing the described volunteer activity.

Release

With the exception of these Worker's Compensation benefits, Volunteer hereby releases, waives and discharges the City, its officials, officers, employees, agents, volunteers and contractors from any and all liability, claims or causes of action arising out of or in any way connected with the activity described in this release, or upon their acts or omissions, whether negligent or not ("Waiver"). Volunteer hereby agrees to this Waiver on behalf of himself or herself, and his or her heirs, executors, administrators and assigns.

Volunteer understands and has been advised that the Volunteer may have rights under Section 1542 of the California Civil Code which reads as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

Volunteer expressly waives any rights conferred under California Civil Code Section 1542, as well as any similar law of any state or territory of the United States. Volunteer releases the City, their officials, officers, employees, agents, volunteers and contractors and waives all actions, claims, and demands that Volunteer, his or her heirs, executors, administrators and assigns now have or may hereafter have for any personal injury (including death) and property damage Volunteer may incur arising out of or in any way connected with the activity described in the attached form, including damage incurred as a result of the negligence of City, their officials, officers, employees, agents, volunteers and contractors.

Indemnification

Volunteer hereby agrees, on behalf on himself or herself, and his or her heirs, executors, administrators and assigns, to defend, indemnify and hold harmless the City, their officials, officers, employees, agents, volunteers and

contractors from any and all claims for compensation, personal injury, property damage and wrongful death caused by Volunteer's negligence or willful misconduct.

Knowing and Voluntary Execution

Volunteer has carefully read this Waiver and Release Form and fully understands its contents. Volunteer understands that he or she is giving up valuable legal rights. He or she knowingly and voluntarily gives up these rights of his or her own free will. He or she is allowing the activity described on the attached form to take place at his or her own risk.

This Waiver and Release Form is entered into this _____ day of _____, 20____, at Hercules, California

Print Volunteer Name: _____
Signature: _____
Address: _____

DECLARATION OF WITNESS

The above individual, in my presence, acknowledged that he or she had read and fully understood the meaning and consequences of the Waiver and Release Form, and he or she signed it in my presence.

Dated: _____, 20____

Print Witness Name: _____
Signature: _____
Address: _____

Section B: Must be completed by the parent or legal guardian of any Volunteer under the age of 18.

I, _____, am the parent or legal guardian of the Volunteer. I understand that the Volunteer may incur personal injury (including death) or property damage by volunteering for the activity described in the attached form. I have read and understand Section A of this Waiver and Release Form. By my signature below, I agree to all the terms of Section A on behalf of the Volunteer. I agree that the waivers and releases of Section A apply to me and any actions, claims, or demands that I may bring, in my own name or on behalf of Volunteer, arising from the Volunteer's participation in the volunteer activity described in the attached form, excepting any Workers' Compensation claims as described above.

This Waiver and Release Form is entered into this _____ day of _____, 20____, at Hercules, California.

Print Parent or Legal
Guardian Name: _____
Signature: _____
Address: _____

DECLARATION OF WITNESS

The above individual, in my presence, acknowledged that he or she had read and fully understood the meaning and consequences of the Waiver and Release Form, and he or she signed it in my presence.

Dated: _____, 20____.

Print Name: _____
Signature: _____
Address: _____

VOLUNTEER PROJECT DESCRIPTION
(This section to be completed by City of Hercules Staff)

Volunteer Project: _____

Sponsoring Department: _____

Volunteer Title: _____

Volunteer Duties (please be specific): _____

Date

Department/Division Supervisor

HUMAN RESOURCES APPROVAL: _____

DATE: _____