



For H.R. use only
 Approved Not Approved

VOLUNTEER APPLICATION

City of South El Monte
1415 N. Santa Anita Avenue, South El Monte, CA. 91733

Thank You for offering to serve as a City of South El Monte Volunteer. The following information is required in order to process your application. Please print.

DEPARTMENT INTERESTED IN VOLUNTEERING: _____

Name _____ Email address _____

Address _____ City _____

Phone # _____ Cell Phone _____

Emergency contact person: Name _____ Phone # _____

Additional contact person: Name _____ Phone # _____

Special Skills, Experience, or Education (i.e., data entry, coaching, fund-raising, Spanish):

Availability to volunteer:

- Weekday mornings Weekday afternoons Weekday evenings
- Weekends Other: _____

If this is for school credits please list school attending and a contact person at the school:

School: _____ Contact at School: _____ Phone #: _____

Have you ever been convicted (or are currently out on bail or out on your own recognizance pending trial) of a felony, or a misdemeanor other than a minor traffic violation? If so, describe below what, when, where and disposition of case. (A criminal record does not constitute an automatic bar to volunteer placement, but will be considered in terms of the volunteer work to be performed.)

CONSENT AND SIGNATURE

- I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in the application.
- I am aware that fingerprinting and/or background checks will be required.
- I understand it is the policy of the City of South El Monte to preserve the right to equal opportunity for all persons. By signing this application, I agree to adhere and uphold all city policies, rules and regulations.

Signature of Applicant

Date

Parental Consent if Volunteer Under 18 years of Age	
I hereby allow my son/daughter to participate as a South El Monte Volunteer	
_____ Signature of Parent/Guardian	_____ Date

V O L U N T E E R P R O G R A M
ACKNOWLEDGEMENT OF WORKERS' COMPENSATION

I hereby acknowledge that as a volunteer for the Agency in the capacity of _____ , I am not an employee of the Agency, but that I am covered under the Agency's workers' compensation plan since the Agency has adopted a resolution extending workers' compensation coverage to certain volunteers in specified categories pursuant to Labor Code Section 3363.5.

As a volunteer who is covered under the Agency's workers' compensation plan, I expressly agree and acknowledge that workers' compensation is my exclusive remedy for any injury suffered while performing said volunteer duties, and that I cannot and will not seek to bring any other claim or actions of any type whatsoever against the Agency, its employees, officers, agencies, other volunteers and officials.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

CONFIDENTIALITY AGREEMENT

The City of South El Monte (City) recognizes that volunteers are a vital part of the success of our organization. This Confidentiality Agreement outlines the expectations and responsibilities for City volunteers and explains the legal requirements of confidentiality and the use of City property. City records, employee records, client records and work products, as well as certain other information and property, are protected by law and City policy.

The below named "Volunteer" is authorized to perform work on behalf of the City. That work may include access to information that is sensitive or confidential in nature. In recognition of this:

I _____, pledge to use my best efforts and judgment in identifying and protecting information that might be considered private and confidential. I promise to limit my access to and use of confidential information only to that which I need to perform the tasks assigned to me by the City. If I am uncertain, I promise to ask my supervisor to clarify for me whether information should be treated as confidential and under what circumstances, if any, it may legitimately be revealed to be released to anyone other than an officer of the City of South El Monte.

I understand that my access to City data and information is for the sole purpose of carrying out my job, whether paid or volunteer, responsibilities. Any breach of confidentiality, including aiding, abetting, or acting in conspiracy with any other person to violate any part of this policy, may result in sanctions, civil or criminal prosecution and penalties.

I agree to not disclose any information relating to the City of South El Monte, its employees, clients, contractors, records, passwords, data and any other City of South El Monte property, tangible or intangible. I agree to surrender any and all City property upon City's written or verbal request immediately.

Volunteer (print name) _____ Date: _____

Volunteer signature _____

City of South El Monte
Witness (print name) _____ Date: _____

City of South El Monte
Witness signature _____