



SACRAMENTO
MARINA

VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

PHONE: _____ OTHER PHONE: _____

E-MAIL: _____

Are you under 18? Yes No If yes, what is your birthdate? _____

Are you currently an employee of the City of Sacramento? Yes No

How did you learn about our volunteer opportunities? Sacramento Marina website
 City of Sacramento website
 volunteersac.org
 Other _____

Why would you like to volunteer at the Sacramento Marina?

What duration of assignment are you able to commit to? On going/Weekly
 Short term/Project

Please circle days and hours of your preference to volunteer? (Please circle all that apply)

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings	Afternoons	Evenings	Weekends			Flexible

VOLUNTEER APPLICATION CONTINUED.....

In case of emergency, please contact:

Name: _____ Phone: _____

Physician: _____ Phone: _____

Have you ever been convicted of a crime? If yes, please explain and give disposition below.

You may omit:

- a) Traffic violations (Driving under the Influence convictions must be reported);
- b) Any conviction committed prior to your 18th birthday which was finally adjudicated in Juvenile Court or under a youth offender law;
- c) Any incident sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45;
- d) Any marijuana conviction, more than two (2) years old, described in Labor Code section 432.8.

Please note that a background investigation and fingerprinting will be required before placement in any sensitive volunteer position. In some placements TB testing is required.

Please list the names of two individuals we may contact as a reference (excluding relatives).

Name: _____ Phone: _____

Name: _____ Phone: _____

I authorize investigation of all statements contained in this application and any supporting documents and I understand that a background check may be conducted. I authorize the City of Sacramento and its non-profit partners to secure information from the references I have provided, and release all parties from any liability arising from such investigation.

Signature of applicant: _____ Date: _____

VOLUNTEER AGREEMENT
(Must be signed by volunteer and supervisor)

- I agree to conform with rules and regulations of the City of Sacramento I understand that I will begin service on a reciprocal trial basis. I agree to participate in orientation and training. I understand that a law enforcement clearance may be obtained and that references may be contacted. I am authorizing the City of Sacramento to contact my references.
- I understand my volunteer schedule and realize the City is depending on my services. If, for a serious reason, I cannot keep my commitments I will notify my supervisor in advance.
- I agree and understand that any work I perform within the scope of this agreement will be provided on a voluntary basis, and that I do not expect payment or other compensation for performing such work. I also understand that a volunteer position does not constitute an employee-employer relationship with the City of Sacramento, and that I serve at the discretion of the City Manager or designee.
- If I am currently a City employee I know that any volunteer work to be performed is outside of my regular job classification and is separate from any paid work responsibility.
- I agree not to divulge any information regarding persons who are receiving services or other assistance from the City or otherwise involved in my volunteer services. I recognize that unauthorized release of confidential information may make me subject to a criminal action.
- I understand that I am fully responsible for maintaining my own personal records of time volunteered to the City for the purposes of internships, community service, etc, subject to my supervisor's verification. At the end of my volunteer service I can have my supervisor sign a letter documenting hours donated, and I understand that the City will maintain no permanent record of this time. I understand that I will be required to sign in and out.
- I understand that I am covered under the City's workers' compensation insurance in the event of an injury from rendering a volunteer service. I will report any injury or incident to my supervisor immediately.
- I understand that the City has a zero-tolerance policy against any type of harassment or discrimination. I agree to comply with this policy, and recognize that I will also be protected by it.
- I understand that the City has a zero-tolerance policy against any type of violence, threat or intimidation, implied or actual, in the workplace. I agree to comply with this policy, and recognize that I will also be protected by it.
- I understand that the City has a zero-tolerance policy against any use of, or being under the influence of, illegal drugs or alcohol in the workplace. I agree to comply with this policy.
- I understand that the City is not responsible for loss or damage to personal belongings.

Volunteer signature

Date

Supervisor signature

Date