



City of Sebastopol Volunteer Application Form

Instructions to Complete this form:

Applicant: Complete the application in its entirety, and return to a City of Sebastopol Supervisor.

City of Sebastopol Supervisor: Review the application for accuracy, complete the section on the back, and return the original to Personnel in the Administrative Services Department.

Date: _____

Name: _____

Phone: _____

Address: _____

City, Zip: _____

Medical Information: Do you have a health problem we should be aware of in an emergency?

Yes or No

If yes, please describe: _____

In the event that you are rendered unconscious, is there any medication that emergency personnel should not administer? Yes No

If yes, please list: _____

Name of Health Ins: _____ Policy or Group ID#: _____

Emergency contact person: _____ Phone: _____

Address: _____ Relationship: _____

Automobile Insurance: If applicant is volunteering for tasks which will require the use of his/her automobile, he/she must complete the following:

Insurance Co: _____ Policy #: _____ Expires: _____

Driver's License #: _____ Expires: _____ Vehicle License #: _____

Make of Automobile: _____ Model: _____ Year of Auto: _____

Continued on Reverse

I certify that I have minimum automobile liability insurance coverage as follows: \$15,000 for injury to, or death of, one person; \$30,000 for injury to, or death of, 2 or more persons in one accident; \$5,000

for property damage.



Signature: _____ **Date:** _____

Waiver: In return for the benefits provided in Resolution No. 4826, dated January 21, 1997, by the City of Sebastopol in case of my illness, injury, death, or third party liability while I am performing volunteer services for the City, I waive any claim against the City or any of its employees, either on my own behalf or on behalf of anyone else, for illness, injury, debts or any other harm which arise from my volunteer services.



Signature: _____ **Date:** _____

Parental Consent: (If applicable)

If applicant is under age 18, parent/guardian must complete the following: As parent/guardian of this minor, I have reviewed the volunteer application form and give my consent for

(name): _____, (age): _____ To participate in the volunteer program subject to the terms and conditions expressed herein.

Signature (if applicable): _____ Date: _____
Parent/Guardian

To be completed by City of Sebastopol Supervisor:

Position: _____ Department: _____

Dates approved for Volunteer duties: Begin Date: _____ End Date: _____

Will employee be in a Supervisory position: _____, if yes, applicant must complete the *Supervision Over Minors* form.

Signed: _____
City of Sebastopol Supervisor