



VolunteerCenter  
Be the difference

# Volunteer Initiative Program

A program of the Volunteer Center and the County of Santa Cruz

Dear Potential Volunteer:

Thank you for your interest in working as a volunteer with V.I.P. and the county of Santa Cruz. Once you've selected a volunteer opportunity/internship<sup>1</sup> (or have interest in a specific County Department) please read, and complete, the attached paperwork to begin the placement process.

***Necessary paperwork includes:***

- Cover Letter**
- Resume**
- Volunteer Application**
- Volunteer Agreement & Release of Liability**
- Volunteer Contract Agreement**

***Supplemental Information:***

✓ **Fingerprinting Procedure** (necessary only if you will be volunteering with money, minors or confidential documents)

You may email, fax, or hand deliver the required documents. After receiving the documents, I will be in contact with you within the week to follow up regarding any openings and placements with V.I.P. and the County of Santa Cruz Departments.

If you have any further questions please call or email.

Thank you,

*Donna Patters*

Donna Patters  
Volunteer Initiative Program Coordinator  
(831)454-2987  
Fax: (831)454-3463  
[donna.patters@santacruzcounty.us](mailto:donna.patters@santacruzcounty.us)

VIP Office:  
701 Ocean Street- Room 30  
Santa Cruz, CA 95060  
Hours: Monday – Thursday  
11:30pm-2:30pm or by appointment

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<sup>1</sup>Visit [www.scvolunteercenter.org](http://www.scvolunteercenter.org) click on "volunteer" and follow instruction to locate a local volunteer opportunity that is perfect for you!



# **VOLUNTEER APPLICATION**

## **Volunteer Initiative Program**

County of Santa Cruz

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_  
Dates of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Availability:**

Hours per day: \_\_\_\_\_

Preferred Days (Please Circle):    M    T    W    TH    F    SAT    SUN

Preferred Time of Day:    Mornings    Afternoons    Evenings

Length of commitment you seek:    Less than 3 months    3-6 months    6-12 months    As long as needed

What are your goals for a volunteer position right now?

\_\_\_\_\_

Are you currently a student? If so, what school are you attending?

Elementary/Jr. High: \_\_\_\_\_ High School: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_

Do you have Community Service Hours assigned by the Court?    Yes    No

Are you currently on bail or your own recognizance pending trial for a criminal offense?    Yes    No

Have you been convicted, as an adult, of a crime under your name or another name?    Yes    No

If you answered yes to any question above, please provide details (offence, when, where, and disposition of case).

Conviction of a crime is not necessarily a bar to volunteering. Each case will be considered separately based on volunteer position requirements.

\_\_\_\_\_

Are you, or have you ever been, an employee of the County of Santa Cruz?    Yes    No If yes, with what department? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I hereby certify that all statements made in this application are true, and I authorize investigation of all matters contained in this interest form. I am aware that fingerprinting is required for all volunteer assignments that have access to children, confidential material or money. I understand that this is a non-paid position with no promise, expressed or implied, of consideration for future employment.

Signature of Applicant: X \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: X \_\_\_\_\_ Date: \_\_\_\_\_

(If Applicant is under the age of 18)

Please return to:  
VIP: 701 Ocean Street, Rm 30 Santa Cruz CA 95060  
Phone: (831) 454-2987 Fax: (831)454-4363

The following information is voluntary and it will help our program evaluate its recruitment practices and compile required statistical reports. The information will not be used to discriminate against, or give preference to, any individual in any volunteer position. Thank you for your cooperation.

1. How did you hear about this program:    Newspaper    Website    Flier    Other
2. Ethnic Origin:    Caucasian/White    Native American/Alaskan Native    African American/Black  
                                  Asian/Pacific Islander    Latino/Hispanic    Decline to state
3. County of Santa Cruz Department(s). Please list priority departments/projects of interest:  
I. \_\_\_\_\_ II. \_\_\_\_\_ III. \_\_\_\_\_ IV. \_\_\_\_\_



# County's Volunteer Initiative Program

A Program of the Volunteer Center and the County of Santa Cruz

## VOLUNTEER AGREEMENT AND RELEASE OF LIABILITY

The Volunteer Initiative Program ("VIP") is a volunteer program created by the Volunteer Center of Santa Cruz County ("Volunteer Center") and the County of Santa Cruz ("County") in order to provide volunteer opportunities to the community. Participation with the County's Volunteer Initiative Program is strictly voluntary and bound by the terms of this Agreement. No person may volunteer with the County's Volunteer Initiative Program prior to the County's volunteer Initiative Programs receipt of this completed Agreement.

1. By signing this Agreement I, \_\_\_\_\_, acknowledge that I am not an employee of the County or the Volunteer Center and that my performance of voluntary services will be uncompensated. I agree to cooperate with my volunteer supervisor and adhere to the policies of the county's Volunteer Initiative Program at all times in the performance of my volunteer services.
2. I agree that I will not use power equipment, or stand on any object taller than two (2) feet tall, or otherwise engage in dangerous activities while volunteering with the County's Volunteer Initiative Program.
3. I will not drive any County vehicle in connection with my volunteer services.
4. I am aware that fingerprinting is required for all volunteer assignments related to minors, money or confidential materials.
5. I hereby agree to release and hold harmless the County and the Volunteer Center, their officers, agents, employees, and volunteers for any claim for personal injuries and damage to property that I, or anyone under me or on my behalf, may incur arising out of or in any manner related to the performance of my voluntary service or participation with the County's Volunteer Initiative Program. I further agree to indemnify, hold harmless and defend the County and the Volunteer Center, their officers, agents, employees, and volunteers from any and all claims, demands, actions, judgments, costs, attorney's fees and damages of any kind for liability which the County may incur arising out of or in any manner related to the performance of my voluntary services or participation with the County's Volunteer Initiative Program.
6. While participating as a volunteer with the County's Volunteer Initiative Program, I hereby authorize the taking of my picture, by photograph, movie, or videotape or otherwise ("pictures") for use by the County's Volunteer Initiative Program. I hereby irrevocably consent to and authorize the use and reproduction of such pictures for use by the county's Volunteer Initiative Program without compensation.
7. As a County's Volunteer Initiative Program volunteer, I understand that I am covered by the County of Santa Cruz Liability and Worker's Compensation insurances, should I be injured while volunteering in assigned duties that are consistent with the safety rules outlined in this agreement. I will report any injuries immediately to my volunteer supervisor, the County's Volunteer Initiative Program office at (831)454-2987 and Risk Management at (831)454-2253

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
 Address: \_\_\_\_\_ City & Zip \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Emergency Telephone \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **IF VOLUNTEER IS UNDER 18, PARENT OR GUARDIAN MUST SIGN BELOW**

I, \_\_\_\_\_, on behalf of my child, myself, and our representatives, do hereby consent to allow my child, \_\_\_\_\_, to participate as a volunteer with the County's Volunteer Initiative Program, subject to all of the conditions above. I further expressly agree, on behalf of my child, myself, and our representatives, to all of the terms and conditions above, including but not limited to paragraphs 1 through 7.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# **VOLUNTEER CONTRACT AGREEMENT**

*Contract must be completed before volunteer begins assignment*

## **Volunteer Initiative Program**

*County of Santa Cruz*

**Volunteer Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Volunteer Supervisor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Department/Division:** \_\_\_\_\_ **Address/Rm:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_ **Volunteer Title:** \_\_\_\_\_

### Volunteer Supervisor Responsibilities

- Complete any legal requirements (background check, fingerprinting, etc.) before volunteer starts
- Provide initial and ongoing training and supervision
- Complete contract with volunteer and return to VIP Program Coordinator
- Inform the VIP Program Coordinator at (831) 454-2987 and Risk Management at (831) 454-2253 of any injuries occurring while the volunteer is on assignment
- Contact VIP Program Coordinator regarding any problems during the contract period
- Inform VIP Program Coordinator if volunteer vacates position

### Volunteer Responsibilities

- Log in volunteer hours on timesheets provided
- Return volunteer timesheets to VIP Program Coordinator at the end of each month
- Arrive to assignment on time; inform supervisor if you will be late or absent
- Fulfill time commitment, as listed below
- Contact VIP Program Coordinator at (831)454-2987 and Risk Management at (831) 454-2253 of any injury occurring while on volunteer assignment
- Contact VIP Program Coordinator when (or before) leaving position

Work Schedule: **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ (not to exceed 1 yr.)

**Estimated Hours per Month:** \_\_\_\_\_

As a Volunteer Initiative Program volunteer, I understand that I am covered by the County of Santa Cruz Liability and Worker's Compensation insurances, should I be injured while volunteering in assigned duties that are consistent with the safety rules outlined in this agreement. I will report any injuries immediately to your volunteer supervisor, the County's Volunteer Initiative Program office at (831) 454-2987 and Risk Management at (831) 454-2253.

**Volunteer Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand and agree to the responsibilities expected of me as a volunteer supervisor and understand that volunteers are covered under the insurance purchased by the County.

**Volunteer Supervisor Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

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