

Dear Potential Volunteer:

Thank you for your interest in working as a volunteer with CitySERVE and the City of Santa Cruz. Once you have selected a volunteer opportunity/internship, please complete the attached paperwork to begin the placement process.

Please submit the following required documents:

- Volunteer Application
- Volunteer Agreement & Release of Liability
- Volunteer Contract Agreement
- Volunteer Vaccine Self Attestment Form

Supplemental Information:

Fingerprinting Procedure (relevant only if you will be working with 'money, minors or confidential documents')

CitySERVE Insurance Overview (a summary of the insurance coverage offered to all of the City's volunteers while performing volunteer duties)

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 with CitySERVE and the City of Santa Cruz Departments.

If you have any further questions please feel free to call or email.

Thank You,
CitySERVE Program Coordinator
CityServe@scvolunteercenter.org

CitySERVE Office
809 Center St. Rm 6
Santa Cruz, CA. 95060

CitySERVE: (831) 420-5403

VOLUNTEER APPLICATION

CitySERVE Program

City of Santa Cruz

Name: _____ Date: _____
Home Address: _____ Phone: _____
City and Zip Code: _____ Email: _____

Availability: _____ Hours per day _____ Days per week _____
Preferred Days (Please circle): M T W TH F SAT SUN
Preferred Time of day: Mornings Afternoon 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 over the age of 18? Yes No

Are you, or have you been a employee of the City 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 related to children and in certain other departments. 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: 809 Center St. Rm 6, Santa Cruz, CA 95060
Or email: CityServe@scvolunteercenter.org**

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.

- How did you hear about this program? Newspaper Website Flier Other: _____
- Ethnic Origin: Caucasian/White Native American/Alaskan Native African American/Black
 Asian / Pacific Islander Latino/a Decline to State
- Sign-Up to receive CitySERVE/VIP email's regarding upcoming/on-going volunteer opportunities! YES NO
- County/City of Santa Cruz Department(s): Please list priority departments/projects of interest:
I. _____ II. _____ III. _____ IV. _____



RELEASE OF LIABILITY & VOLUNTEER AGREEMENT

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

- 1. By signing this Agreement I, _____, acknowledge that I am not an employee of the City Department in which I am applying to volunteer 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 CitySERVE program at all times in the performance of my volunteer services. 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 CitySERVE. I will not drive any City automobile in connection with my volunteer services.
2. I hereby agree to release and hold harmless the City, its officers, agents, employees, and volunteers for any claim for personal injuries and damage to property that I, or anyone claiming under me or on my behalf, may incur arising out of or in any manner related to the performance of my voluntary services or participation with CitySERVE. I further agree to indemnify, hold harmless and defend the City, its 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 City may incur arising out of or in any manner related to the performance of my voluntary services or participation with CitySERVE.
3. While participating as a volunteer with CitySERVE, I hereby authorize the taking of my picture, by photograph, movie, or videotape or otherwise ("pictures") for use by the CitySERVE program. I hereby irrevocably consent to and authorize the use and reproduction of such pictures for use by CitySERVE without compensation.
4. As a CitySERVE volunteer, you are covered by the Volunteer Center's Volunteer accident and personal injury insurance should you be injured while volunteering in assigned duties that are consistent with the safety rules outlined in this agreement. Please report any injuries immediately to your supervisor, or call the CitySERVE office at 420-5403

Name: _____ CS Department/Project/Event: _____
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 CitySERVE, subject to all of the terms and 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, 2, 3 and 4.

Signature of Parent/Guardian: _____ Date: _____

PLEASE RETURN TO:
CitySERVE: 809 Center St., Santa Cruz, CA 95060
Return by email: CityServe@scvolunteercenter.org
Phone: (831) 420-5403



VOLUNTEER CONTRACT AGREEMENT

Contract must be completed before volunteer begins assignment!!

Volunteer Name: _____ Phone Number: _____

Volunteer Supervisor: _____ Phone Number: _____

Department/Division: _____ Address/Rm: _____

Project Title: _____ Volunteer Title: _____

VOLUNTEER SUPERVISOR RESPONSIBILITIES

- Complete any legal requirements (fingerprinting, background etc.) before volunteer begins assignment (fingerprinting needs to be arranged through CitySERVE).
- Provide initial and ongoing training and supervision
- * Complete contract with volunteer and return to CitySERVE program coordinator
- *Inform the CitySERVE program coordinator of any injuries occurring while the vol. is on assignment
- Contact CitySERVE program coordinator regarding any problems during the contract period
- *Inform CitySERVE program coordinator if volunteer vacates position

VOLUNTEER RESPONSIBILITIES

- Log in volunteer hours on timesheets provided
- *Report volunteer hours to the CitySERVE program coordinator each month
- Arrive to assignment on time; inform supervisor if you will be late or absent
- Fulfill time commitment, as listed below
- Contact CitySERVE program coordinator regarding any problems during the contract period
- *Inform supervisor of any injury occurring while on volunteer assignment
- *Contact CitySERVE program coordinator when (or before) leaving position

WORK SCHEDULE: Start Date: _____ End Date: _____ Estimated Hours Per Month: _____

I understand that as a CitySERVE volunteer I am covered while volunteering under CitySERVE's Volunteer Insurance, and am not covered under the City of Santa Cruz's Worker's Compensation policy. I further understand that the insurance provided by CitySERVE is excess insurance secondary to my existing insurance, should I have insurance. Furthermore, I understand and agree to the responsibilities expected of me while volunteering.

Volunteer Signature : _____ Date: _____

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

Volunteer Supervisor Signature: _____ Date: _____

PLEASE RETURN TO:

CitySERVE: 809 Center St. Rm 6, Santa Cruz, CA 95060

Return by email: CityServe@scvolunteercenter.org

Phone: (831) 420-5403



VOLUNTEER INSURANCE INFORMATION

While the CitySERVE Program has an excellent safety record for its volunteer programs, it is important for you to understand the types of volunteer insurance you are covered under as a CitySERVE volunteer.

Each volunteer is eligible for three kinds of insurance. These policies provide coverage for you while participating in volunteer activities as a CitySERVE volunteer.

The insurance policy certificates are held by the Volunteer Centers of Santa Cruz County. This is not a substitute for any insurance you may now carry, and only applies while you are performing your assignment as a volunteer in the program and while on your way to and from your volunteer site. Complete information regarding volunteer insurance is available from the CitySERVE office.

Accident Insurance:

Our volunteer insurance provides **excess medical coverage** up to \$25,000 per occurrence over and above any other existing insurance. This excess medical coverage is meant to insure that you, as a volunteer, do not have any out of pocket expense due to a volunteer related injury. Our insurance works with your insurance to cover any deductibles or co-pays so that you do not experience out of pocket expense. If you do not have any other insurance, our insurance becomes primary for volunteer related injuries.

Liability Insurance:

All CitySERVE volunteers are provided with Personal Liability Insurance at a limit of \$1,000,000 per occurrence. This policy provides protection for a personal injury or property damage liability claim arising out of the performance of your volunteer duties. This coverage is in excess and non-contributing with any other valid or collective insurance you may have. This policy excludes injury or damage arising out of the use of an automobile. It also excludes errors or omissions in connection with the registered volunteer's professional services.

Excess Automobile Liability Insurance

***** You are not automatically covered for auto insurance – to be covered you must fill out a separate auto insurance form *****

This coverage protects the registered volunteer driver, while driving their personal vehicle, for bodily injury or property damage claims arising out of their volunteer activities. This policy does not apply to volunteers who are driving City owned vehicles. The liability policy is written at a combined single limit as respects bodily injury and property damage of \$500,000 each accident. This policy excludes property damage to property owned or transported by the registered volunteer driver, or in their care, custody or control.

**CITYSERVE PROGRAM
VOLUNTEER FINGERPRINT PROCESS**

CityServe volunteers must be fingerprinted prior to their first day of volunteering if their duties include working with children, handling money, or having access to confidential information. Fingerprints are taken via the computerized Live Scan System.

FOLLOW THE STEPS LISTED BELOW TO COMPLETE THE FINGERPRINT PROCESS:

- When you complete your CityServe application and return it to, 809 Center Street, Room 6, Santa Cruz you will be given a "Request for Live Scan Service" form.
- Complete this form as indicated by the CityServe Coordinator or Human Resources staff.
- Take a picture I.D. (Driver's License, DMV identification card or Passport), the completed "Request for Live Scan Service" form and Authorization Form with you to:

FINGERPRINTING LOCATION	ADDRESS	BUSINESS HOURS
Santa Cruz Live Scan <i>Certified Mobile Live Scan Service</i>	841 Cedar Street Santa Cruz, CA 95060 (831) 212-5320	Open to walk-ins Monday – Friday, 10:00 a.m. – 4:00 p.m. or Call Santa Cruz Live Scan to make an appointment https://www.santacruzlivescan.com/

All Live Scan Fingerprinting fees are paid by the City of Santa Cruz

- The agency that fingerprints you will give you a copy of the "Request for Live Scan Service" form. **Bring this form back to the City of Santa Cruz Human Resources Department immediately after being fingerprinted**, as proof that you have completed the fingerprint process.
- The results of an individual's fingerprint check will typically be sent to the City of Santa Cruz Human Resources Department by the State Department of Justice within three to seven days of the date that you are fingerprinted.
- **You will not be allowed to start volunteering until the City receives your fingerprint results. We will notify your site supervisor when you are authorized to begin volunteering.**

VC Volunteer & Contractor Vaccine Self Attestment

On August 5th, 2021, the State of California released new rules and regulations regarding COVID-19. The new rules established have changed the protocols surrounding the need to be vaccinated for employees and non-employees.

As a result of the new requirements, the Volunteer Center now requires all non-employees (i.e., volunteers, interns, contractors) to be vaccinated in order to volunteer in ongoing activities directly with the public or at any of our sites. It is necessary to provide accurate information about your vaccination status in response to the questions below if you would like to continue to volunteer or work **in person** at any Volunteer Center site or in community in any of our programs.

Vaccination status verification by the Volunteer Center is **NOT** required for volunteers in the following circumstances.

- Remote, online, or work from home assignments;
- One day projects with masks and social distancing;
- Outdoor projects with masks and social distancing;
- Volunteer assignments we refer you to in other nonprofit, faith, or community agencies (their rules apply).

We encourage everyone to get vaccinated, and can help you find and access free vaccines.

This information will be kept strictly confidential. Please return this form to your Volunteer Center supervisor or contact.

I have read and understand the vaccination requirements for volunteering with the Volunteer Center.

I also understand that unvaccinated persons are at a higher risk than vaccinated persons of contracting COVID-19.

PLEASE CHECK THE APPROPRIATE RESPONSE

- I have been fully vaccinated against COVID-19.
- I am willing to be vaccinated and will be fully vaccinated by 9/30/21.
- I am not willing to attest to vaccination and request an assignment that does not require vaccination.

Signature: _____ Date: _____

Print Name: _____ Phone Number: _____