



CITY OF BENICIA VOLUNTEER APPLICATION AND WAIVER

INSTRUCTIONS:

- All City of Benicia volunteer applicants must complete Section I
- All Minors must also have Section II completed by their parent or legal guardian
- All applicants must also complete Section III
- Applicants in a supervisory/disciplinary role must also complete Section IV
- Supervisors: When a person no longer volunteers for the City please complete Section VI and forward to Human Resources

SECTION I: VOLUNTEER APPLICANT INFORMATION

A. Personal Data

Applicant's Name: _____
Last First Middle

Address: _____
Street City Zip Code

Phone: _____
Home Mobile/Business/Other

Email Address: _____

California Driver License or Identification Card: _____
Number

Emergency Contact: _____
Name Relationship Contact Phone Number

B. Employment Information

Current Employer: _____

Position: _____ Immediate Supervisor: _____

Address: _____
Street City Zip Code

Work Phone Number: (____) _____

C. Personal References: List three people who can judge your qualifications for the position(s) for which you are applying (please include

name, complete address and phone number with area code for each reference).

1. _____
2. _____
3. _____

D. General Questions

1. Please indicate the City department for which you wish to volunteer:

- ☐ FIRE
- ☐ PARKS & COMMUNITY
- ☐ POLICE
- ☐ LIBRARY
- ☐ OTHER DEPARTMENT _____(specify)

2. What is your desired volunteer position within the above indicated department?

3. Is this your first time volunteering for this department? ☐ YES

☐ NO

4. Is this your first time volunteering for the City of Benicia? ☐ YES

☐ NO

5. If "NO," for what department have you volunteered?

6. Have you ever been fingerprinted by the City of Benicia? ☐ YES

☐ NO

7. If "YES," when and why?

8. Have you ever, in your lifetime, been convicted of a violation of the law?

☐ YES ☐ NO

If "YES," please list nature and disposition of each conviction (conviction is not an automatic bar to becoming a volunteer):

9. Do you have any limitations that may affect your volunteer work with the City? If so, please describe:

VOLUNTEER APPLICATION CERTIFICATION AND AUTHORIZATION TO CHECK CRIMINAL RECORDS

I certify that all the information provided in this application is true and complete. I understand that falsification or omissions of any kind of information may disqualify me from volunteer opportunities with the City of Benicia and/or will result in my dismissal if discovered at a later date.

I hereby authorize the City of Benicia to contact any individuals and organizations identified in this application to verify information provided and to obtain additional reference information. I further authorize such individuals and organizations to release to you any and all information that they have about me. I will not bring any claims against the City of Benicia or against any individual or organization based upon references provided.

I hereby authorize the City of Benicia to conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. I understand that all available police and criminal records will be checked and the information will be used in determining eligibility for the City of Benicia volunteer activities. All information is to remain confidential as required by state and federal statutes.

Signature of Applicant

Date

Signature of Applicant's Parent or Legal Guardian*

Date

****Minor volunteer applicants' parent or legal guardian must also complete Section II***

For City of Benicia Use Only

Department:	<input type="checkbox"/> Fire	<input type="checkbox"/> Police	<input type="checkbox"/> Parks & Community Services	<input type="checkbox"/> Public Works	<input type="checkbox"/> Library
Minor:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Consent Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Work Permit Received: <input type="checkbox"/> Yes <input type="checkbox"/> No		
References/ Employment:	<input type="checkbox"/> Verified?	Comments:			
Minor Supervision or Disciplinary Authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Section IV completed & reviewed? ____ (initial)		
Background & Fingerprint Check Completed:	<input type="checkbox"/> Yes ____ (initial)	<input type="checkbox"/> No	Comments:		

SECTION II: TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN OF MINOR VOLUNTEER APPLICANTS

Please indicate the City of Benicia department for which the minor applicant desires to volunteer:

- ☐ FIRE
- ☐ PARKS & COMMUNITY
- ☐ POLICE
- ☐ LIBRARY
- ☐ OTHER DEPARTMENT _____ (specify)

I, _____, the undersigned, parent or
print name

legal guardian of _____, do hereby agree to
minor applicant's name

allow the minor named herein to volunteer within the City of Benicia department indicated above.

In consideration of participation in this activity, I agree, on behalf of myself and the minor applicant for whom I am either the parent or legal guardian, to indemnify and hold harmless, and to release, waive and discharge the City of Benicia, its elected or appointed officers, officials, employees, agents, and volunteers from and against any and all liability for any injury or property damage which may be suffered by the aforementioned minor arising out of or in any way connected with his/her participation in this activity, including injuries due to the active or passive negligence of the City, its officers, officials, employees, agents and volunteers. I also give permission to take photos of my child that may be used for advertising and site purposes.

I HAVE READ THE ABOVE HOLD HARMLESS AND RELEASE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURY AND PROPERTY DAMAGE SUFFERED.

In case of medical emergency, I understand that every effort will be made to contact the parents or guardians. In the event I cannot be reached, I hereby give the City permission to contact the following physician:

Print name

phone number:

If the above named physician is unavailable, I hereby give my permission that medical assistance may be administered to the minor by a qualified physician, dentist or emergency personnel.

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Bus/Cell Phone: _____

SECTION III: CITY OF BENICIA VOLUNTEER AGREEMENT
(all volunteers please complete)

This agreement is intended to indicate the seriousness with which we treat our volunteers. We appreciate your gifts of time and effort and will do the best we can to make your volunteer experience a productive and rewarding one.

The City of Benicia agrees to accept the services of

_____ to begin _____.
name of applicant date

We commit to provide adequate information, training and assistance for the volunteer to be able to meet the responsibilities of the position.

I, _____, agree to serve as a volunteer and
name of applicant commit to the following:

To adhere to the City/Department rules and procedures, including record-keeping requirements, confidentiality of information, and wearing a volunteer badge (if applicable).

To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made.

I also recognize that I am serving at the pleasure of the department head and am not an employee of the City of Benicia. I waive any rights to receive salary, wages, fees, fringe benefits or other compensation for the work I will be performing. Any work I create or produce as a volunteer for the City of Benicia shall be the sole property of the City of Benicia. I expressly grant any copyrights or other ownership or interest in such work to the City of Benicia.

Signature of Volunteer Applicant: _____

Signature of Parent/Guardian if Minor: _____

Signature of Supervisor: _____

***SUPPLEMENT FOR VOLUNTEERS HAVING SUPERVISORY OR
DISCIPLINARY AUTHORITY OVER MINORS***

SECTION IV: TO BE COMPLETED BY VOLUNTEERS (if applicable)

California Public Resources Code ("PRC") Section 5164 prohibits any public agency from hiring a person for employment or a volunteer to perform services at a county or city operated park, playground or other recreational center, in a position having supervisory or disciplinary authority over any minor, if that person has been convicted of certain crimes as referenced in the California Penal Code.

PRC Section 5164 requires us to inquire whether or not you have ever been convicted of certain crimes. Please complete the following pages by answering the questions presented. If you are a minor, you need only respond with convictions that resulted in commitment to the California Youth Authority.

******NOTICE TO PARENTS OR GUARDIANS******

Please be advised that the following questions contain sexually explicit language. State law requires completion of this form for any persons that work with minors, including minors themselves. The City of Benicia encourages you to review these questions with your child. We apologize for the frank nature of this form and appreciate your cooperation.

Please initial that you have read and understand the instructions on this page.

Applicant's Initials: _____ Date: _____

Parent or Guardian's Initials: _____ Date: _____

SUPPLEMENTAL QUESTIONNAIRE

<u>Question</u>	<u>Conviction?</u>	<u>Conviction Date, City and State</u>
1. Have you ever been convicted of sexual assault or assault with intent to commit mayhem?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you ever been convicted of unlawful sexual intercourse with a person under age 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you ever been convicted of rape?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you ever been convicted of rape of a spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Have you ever been convicted of willful harm, injury, abuse or endangerment of a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Have you ever been convicted of willful infliction of corporeal injury to a spouse, former spouse, cohabitant, or mother or father of your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Have you ever been convicted of any of the following crimes or of an attempt to commit any of the following crimes:		
7.1 Kidnapping?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.2 Kidnapping for ransom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.3 Sexual battery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.4 Aiding, abetting or soliciting the rape, rape of a spouse, or forcible acts of sexual penetration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.5 Enticement of an unmarried minor or female for purposes of prostitution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.6 Aiding and abetting the enticement of an unmarried minor female for purposes of prostitution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.7 Inducing sexual intercourse with another when the other's consent is procured by false pretenses with the intent to create fear?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.8 Pimping of a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.9 Pandering of a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.10 Procurement of a child under 16 years of age for lewd or lascivious acts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.11 Abduction (taking away) of a person under age 18 for purposes of prostitution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.12 Aggravated sexual assault of a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.13 Incest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.14 Sodomy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.15 Lewd or lascivious acts or the solicitation of the same?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.16 Oral Copulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.17 Continuous sexual abuse of a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.18 Forcible acts of sexual penetration or the solicitation of the same?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.19 Selling, distributing, printing or exhibiting of	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CITY OF BENICIA VOLUNTEER APPLICATION AND WAIVER

child pornography?		
<u>Question</u>	<u>Conviction?</u>	<u>Conviction Date, City and State</u>
7.20 Sexual exploitation of a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.21 Employment or use of a minor to perform prohibited acts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.22 Advertising child pornography?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.23 Possession of child pornography?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.24 Annoying or molesting a child under age 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.25 Solicitation of rape by force or violence, sodomy by force or violence, or oral copulation by force or violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.26 Indecent exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.27 Procuring, counseling, or assisting any person to commit indecent exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.28 Contributing to the delinquency of a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.29 Sending harmful material to a minor with the intent to seduce said minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.30 Armed robbery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.31 Armed carjacking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.32 Assault or attempted murder of a public official?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.33 False Imprisonment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.34 Assault?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.35 Battery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.36 Murder or Involuntary Manslaughter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.37 Mayhem?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.38 Arson?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.39 First Degree Burglary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.40 Felony Extortion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.41 Felony threats to victims or witnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.42 Assault by a Life Prisoner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.43 Assault by a Prisoner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.44 Holding a hostage by a Prisoner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.45 Igniting or exploding a destructive device with intent to commit murder or which cause great bodily harm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.46 Any felony punishable by death or life imprisonment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.47 Any felony involving great bodily injury or using a firearm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Have you ever been convicted of a crime that requires you to register as a sex offender in the State of California?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby certify that all of the above information is true and correct. Any misstatement or misrepresentation can be grounds for immediate rejection or dismissal following my appointment.

Name of Applicant: _____

Signature of Applicant: _____

Name of Parent/Guardian (if applicable): _____

Signature of Parent/Guardian (if applicable): _____

Date: _____

**SECTION V: VOLUNTEER PROGRAM
ACKNOWLEDGEMENT OF WORKERS' COMPENSATION**

I hereby acknowledge that as a volunteer for the City of Benicia in the capacity of (position) _____, I am not an employee of the City, but that I am covered under the City's workers' compensation plan since the City has adopted Resolution # 01-07 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 City'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 City, its employees, officers, agencies, other volunteers and officials.

Date: _____

Signature: _____

Print Name: _____

Parent or Guardian Signature (if minor):

Witness: _____

**SECTION VI: NO LONGER VOLUNTEERING FOR THE CITY
(to be completed by Supervisor or Department)**

Applicant's Name: _____
Last First Middle

Address: _____
Street City Zip Code

Phone: _____
Home Mobile/Business/Other

California Driver License or Identification Card: _____
Number

No longer volunteering as of this date: _____
Date

Please indicate the City department for which they volunteered:

- ☐ FIRE
- ☐ PARKS & COMMUNITY
- ☐ POLICE
- ☐ LIBRARY
- ☐ PUBLIC WORKS
- ☐ OTHER DEPARTMENT _____ (specify)