



City of Pacific Grove  
 300 Forest Avenue  
 Pacific Grove, CA 93950

## Volunteer Application and Agreement

Volunteer Position(s) Applying For: \_\_\_\_\_

Date: \_\_\_\_\_

Are you applying as an:

Individual (name) \_\_\_\_\_ Female/Male  
 Please Circle One

Group (please list group name) \_\_\_\_\_

Main Contact for Group: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently a student?

\_\_\_\_\_ No

\_\_\_\_\_ Yes (circle one)    Middle School            High School            College

School Name: \_\_\_\_\_

Have you ever been convicted of a crime?  No             Yes

If yes, please explain the nature of the crime and the date of the conviction and disposition. Conviction of a crime is not an automatic disqualification for volunteer work.

\_\_\_\_\_  
 \_\_\_\_\_

Please list two people who know you well and can attest to your character, skills and dependability.

	Name	Phone Number or Email Address	Length of relationship
1.	_____	_____	_____
2.	_____	_____	_____

When are you available to volunteer?

<u>Check all that apply</u>	<u>Hours Available</u>	<u>Exceptions (1<sup>st</sup> Monday of month, etc.)</u>
<input type="checkbox"/> Monday	_____ p.m. _____ a.m.	_____
<input type="checkbox"/> Tuesday	_____ p.m. _____ a.m.	_____
<input type="checkbox"/> Wednesday	_____ p.m. _____ a.m.	_____
<input type="checkbox"/> Thursday	_____ p.m. _____ a.m.	_____
<input type="checkbox"/> Friday	_____ p.m. _____ a.m.	_____
<input type="checkbox"/> Saturday	_____ p.m. _____ a.m.	_____
<input type="checkbox"/> Sunday	_____ p.m. _____ a.m.	_____

Frequency of volunteer availability (please check all that apply and include any explanation if necessary):

Weekly \_\_\_\_\_

Semi-weekly \_\_\_\_\_

Monthly \_\_\_\_\_

Annually \_\_\_\_\_

Seasonal \_\_\_\_\_

On-Call \_\_\_\_\_

One-time \_\_\_\_\_

Other \_\_\_\_\_

Reason for volunteering (check all that apply):

Contribute to the community

Enhance college application

Enhance resume

Meet new people

Renew job skills

Learn new skills

Service club project

Community service for school (\_\_\_\_\_ hours per \_\_\_\_\_)

Court mandated (# of hours \_\_\_\_\_: to be completed by \_\_\_\_/\_\_\_\_/\_\_\_\_)

**All Volunteers Must Complete This Section**

**VOLUNTEER AGREEMENT**

I \_\_\_\_\_, choose to participate in the \_\_\_\_\_, as a volunteer and understand that my services are donated to the City of Pacific Grove (City) without contemplation of compensation or future employment, and given for humanitarian, religious or charitable reasons. 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 agree to abide by any rules and directions provided by those helping to administer \_\_\_\_\_.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

**IF VOLUNTEER IS A MINOR, THEY MUST COMPLETE THE NEXT PAGE**

**All Volunteers Under 18 Years of Age Must Have Parent or Legal Guardian Complete This Section**

**CONSENT OF PARENT OR LEGAL GUARDIAN FOR  
MINOR'S PARTICIPATION AS A VOLUNTEER**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_  
choose to permit him/her to participate in the \_\_\_\_\_ as a volunteer. I  
understand that my child's/ward's services are being offered on a voluntary basis without anticipation of any  
financial remuneration. I agree that he/she will abide by any rules and direction provided by those helping to  
administer \_\_\_\_\_. I understand that my  
child/ward is covered under the City's workers' compensation insurance in the event of an injury from rendering a  
volunteer service. He/She will report any injury or incident to his/her supervisor immediately.  
Signature of Parent/Guardian : \_\_\_\_\_ Date: \_\_\_\_\_

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**CONSENT OF PARENT OR LEGAL GUARDIAN TO  
MEDICAL, DENTAL, OR HOSPITAL CARE OF MINOR VOLUNTEER**

I, \_\_\_\_\_ the parent or legal guardian of \_\_\_\_\_,  
a minor, whose birthdate is \_\_\_\_\_, authorize medical, dental, surgical or hospital care,  
treatment, or diagnosis of said minor and I agree to pay for any medical, dental, surgical, or hospital diagnosis,  
treatment, or care rendered to or for said minor for non-industrial injuries.  
Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**CONSENT OF PARENT OR LEGAL GUARDIAN TO USE OF  
IMAGE OF MINOR VOLUNTEER IN PUBLIC RELATIONS**

Photos, videos of \_\_\_\_\_, my child/ward, may be used in City of Pacific Grove  
Public Relations.  
Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to:  
Lorrie Sizemore, Volunteer Program Coordinator  
City of Pacific Grove  
300 Forest Avenue  
Pacific Grove, CA 93950  
(831) 648-3109  
pgvolunteers@ci.pg.ca.us