



CITY OF MONTCLAIR HUMAN SERVICES DIVISION
VOLUNTEER APPLICATION
\*CONFIDENTIAL\*

Date Received \_\_\_\_\_
Initials \_\_\_\_\_

DOB: \_\_\_\_\_
M F

LAST NAME FIRST MI

ADDRESS CITY STATE ZIP

HOME PHONE # CELL PHONE # E-MAIL ADDRESS

EMERGENCY CONTACT NAME PHONE #

Do you have any medical or physical conditions that may require special accommodations? Yes No
If yes, please specify:

Are you bilingual? Yes No If yes, what language? Written Oral

Table with 8 columns: Days Available, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday. Row 2: Times Available.

Amount of Hours Needed (If Applicable)

Available Start Date/End Date



VOLUNTEER STATEMENT OF UNDERSTANDING

I, \_\_\_\_\_, hereby desire to participate in the City of Montclair Human Services Division programs and activities, wherein I will be performing voluntary service for residents of the City of Montclair. I understand that I will receive no payment or other remuneration for my time and service in this program. I further understand and agree as follows: I am not an employee of the City of Montclair; I have no right to make a claim under the Workers' Compensation laws of California for any injury sustained in performing such voluntary service; I, along with my family, guardians, assignees, or legal representatives, will not make a claim for injury or damages resulting from negligence or other acts, howsoever caused, by any employee, agent, or contractor of the City of Montclair, as a result of my participation in this program; and I hereby release the City of Montclair, its employees, agents, and representatives, from all liabilities, claims, and causes of action that I, my family, guardians, assignees, or legal representatives, have now or may hereafter have, for injury or damage resulting from my participation in these activities. I understand that my participation in the City of Montclair programs and activities may result in my photo being taken and I consent to the use of it for City publications and advertisements.

SIGNATURE

DATE

SIGNATURE OF PARENT/GUARDIAN
(IF THE VOLUNTEER IS UNDER 18)

DATE

**Type of Placement Preferred**

**After-School Program**  Tutor  Office/Admin  Enrichment Instructor  
(Fingerprinting Required If 18+)

**Youth Programs**  Tutor  Special Events  Office/Admin  
(Available Only to High School Students)  Community Outreach (e.g. Clean-up Programs)

**Youth Basketball**  Coach  Scorekeeper/Timer  Gym Monitor  
(Fingerprinting Required If 18+)

**Adult Basketball/Volleyball**  Scorekeeper/Timer  Gym Monitor

**Senior Programs**  Nutrition Program Helper  Office/Admin  
(Fingerprinting Required for Certain Placements)  Senior Center Front Desk  Activities/Exercise Instructor

**Por La Vida**  Marketing  Office/Admin  
(Healthy Lifestyle Program)

**Community Programs**  Monthly Food Distribution

**Medical Clinic**  Office/Admin

**Special Events**  General Assistance

**Other Areas of Interest:** \_\_\_\_\_

**Please briefly describe why you are interested in volunteering with the City of Montclair:**

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

**Specialized Skills/Training:**

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

**Experience: Please describe any relevant work or volunteer experience**

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

**Convictions:** Other than minor traffic violation or a possession of marijuana conviction which precedes the date of this application by at least two years, have you ever been convicted of a criminal offense? If “yes”, please explain below. (Convictions are evaluated for each position and are not necessarily disqualifying; however, not truthfully identifying a conviction is grounds for disqualification.)  Yes  No

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

**References** (*Optional, but encouraged*)

<u>Name</u>	<u>Phone</u>	<u>Email</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Please return completed application in person or through mail:**

Volunteer Coordinator | Human Services Division | 5111 Benito Street, Montclair, CA 91763

**Questions? Contact us!**

volunteer@cityofmontclair.org | (909) 625 - 9484