



VOLUNTEER APPLICATION

City of La Mesa
 Community Services/ Human Services Division
 8450 La Mesa Boulevard - La Mesa, CA 91942
 (619) 667-1322

(FOR OFFICE USE ONLY)

Date Sent: _____
 Fingerprinted: _____
 Response: _____

USE TYPEWRITER OR PRINT IN INK

NAME: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

ADDRESS: _____ **PHONE:** _____
(NUMBER & STREET)
 _____ **EMAIL:** _____
(CITY) (STATE) (ZIP CODE) (PRINT)

EMERGENCY CONTACT NAME: _____ **RELATIONSHIP:** _____

EMERGENCY CONTACT PHONE NUMBER: _____

YES	NO	
		1. Are you now, or have you ever been, employed by the City of La Mesa?
		2. Are you related to any current employee, elected or appointed official of La Mesa?
		3. Do you speak and understand a second language, or possess other special skills or training which would enhance your qualifications for this position?

PLEASE EXPLAIN ALL "YES" ANSWERS IN THE SPACE PROVIDED BELOW:

CIRCLE HIGHEST GRADE COMPLETED	NAME / LOCATION OF SCHOOL	GRADUATE?
1 2 3 4 5 6 7 8 9 10 11 12		YES NO GED

COLLEGE/ BUSINESS/TRADE SCHOOL ATTENDED	DEGREE	MAJOR SUBJECT	SEMESTER UNITS

SPECIAL LICENSES OR CERTIFICATES: _____

All volunteers are required to be fingerprinted on or before the first day of work. The fingerprints are sent to the Department of Justice to obtain records of any and all convictions and/or arrest pending adjudication. Certain convictions or arrests may preclude a volunteer from being accepted for assignments with the City of La Mesa.

LIST AT LEAST ONE (1) PERSON NOT RELATED TO YOU WHO CAN BE CONTACTED AS A REFERENCE.

NAME: _____ PHONE NUMBER: _____ RELATIONSHIP: _____

NAME: _____ PHONE NUMBER: _____ RELATIONSHIP: _____

To assist in your volunteer position placement, please answer the following questions:

1. Why do you want to volunteer for the City of La Mesa?

2. Describe previous experience which would assist you in a volunteer assignment.

3. List your areas of interest. (for example; clerical, Community Service, Public Works, RSVP, etc.)

4. List your days and hours of availability.

Please list any additional information you wish to include concerning your qualifications or interests relating to the assignment for which you are volunteering.

**WAIVER AND INDEMNITY AGREEMENT
FOR VOLUNTEER SERVICE**

_____ (“Volunteer’s”) is providing voluntary services to the City of La Mesa (“City”). For and in consideration of permitting Volunteer to serve, the Volunteer agrees to indemnify, hold harmless and defend the City and its officers, officials, employees, agents and other volunteers from and against any and all loss, liability, costs and damages (whether in contract, tort or strict liability, including but not limited to personal injury, death at any time and property damage) incurred by the City or any other person, and from any and all claims, demands and actions in law or equity (including attorney’s fees and litigation expenses), arising or alleged to have arisen directly or indirectly out of the gross negligence, intentional act or willful misconduct of Volunteer related to his/her voluntary service to the City.

The Volunteer agrees that the City and its officers, officials, employees, agents and other volunteers will not be liable for any loss or damage to Volunteer’s owned, rented, leased, or loaned property or property in his/her care, custody and control. Further, Volunteer waives his/her right of recovery against the City and its officers, officials, employees, agents and other volunteers for loss or damage to his/her owned, rented, leased, or loaned property or property in his/her care, custody and control.

The Volunteer, for him/herself, his/her parents, legal guardians, heirs, executors, administrators or assigns, agrees and understands that he/she has been designated a “Volunteer” in accordance with the City’s Resolution No. 16415 and is deemed to be an employee of the City solely for the purpose of Workers’ Compensation coverage, and agrees and understands that his/her sole and exclusive remedy for personal injury or death while performing services as a volunteer shall be a claim for Workers’ Compensation benefits in accordance with the laws of the State of California. Further, the Volunteer, for him/herself, his/her heirs, executors, administrators or assigns waives and relinquishes any interest or right to claim any interest in any other employment benefits offered employees of the City by reason of any common law employee rights theory or similar employment entitlements of any kind.

City shall be reimbursed for all costs (including attorney’s fees and legal expense) incurred by City in enforcing this Waiver and Indemnity Agreement.

This Waiver and Indemnity Agreement shall survive Volunteer’s voluntary service to the City.

The Volunteer agrees that the contents of this document shall be binding upon his/her heirs, executors, administrators and assigns.

The Volunteer acknowledges that he/she (i) has read and fully understands the content of this Waiver and Indemnity Agreement; (ii) has been fully and completely advised of the potential dangers incidental to providing the voluntary service to the City; (iii) has had the opportunity to consult with his/her attorney, in his/her discretion; and (iv) is fully aware of the legal consequences of signing this document.

AFFIDAVIT - READ VERY CAREFULLY AND SIGN BELOW.

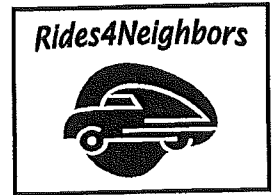
I declare under penalty of perjury that all answers and statements in this application are true and complete to the best of my knowledge and belief. I understand that untruthfulness or misleading answers are cause for rejection of this application or dismissal as a City volunteer. I certify that I meet the specified requirements for this position. I understand that my acceptance as a volunteer with the City of La Mesa may be contingent upon the results of a background check, which includes fingerprinting on or before the first day of volunteer work, and may also include a D.M.V. check. As a volunteer for the City of La Mesa, I understand that I may be exposed to sensitive or confidential information or assigned to work with vulnerable persons. Any disclosure of confidential information or violation of personal rights could result in civil or criminal liability for the City of La Mesa. I understand that the results of any of the foregoing may be grounds for disqualification. I further understand that laws related to this application may be subject to change. I certify that I have not altered the language or format of this form.

SIGNATURE: _____

DATE: _____



Volunteer Driver Supplemental Application



NAME : _____ DATE OF BIRTH: _____

YRS LIVING IN CA: _____ OTHER LANGUAGES SPOKEN: _____

EMPLOYER (if applicable): _____ EMPLOYER ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: _____

VEHICLE MAKE: _____ YEAR: _____ MODEL: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

SPECIAL TRAINING/SKILLS: _____

AVAILABILITY: _____ DAILY _____ WEEKLY _____ MONTHLY _____ OTHER _____

DAYS/TIMES AVAILABLE: MON _____ TUE _____ WED _____

TH _____ FRI _____ NOTES: _____

ARE YOU ABLE TO HELP RIDERS WITH LIMITED MOBILITY? _____

(This may include providing door-through-door services and assistance with walkers and canes)

DOES YOUR VEHICLE HAVE THE CAPACITY TO CARRY WALKERS/WHEELCHAIRS? _____

IF YES, ARE YOU ABLE TO SAFELY FOLD AND LIFT THE WHEELCHAIR? _____

ARE YOU WILLING TO STAY WITH RIDERS DURING THEIR APPOINTMENTS? _____

IN WHAT AREAS ARE YOU WILLING TO DRIVE OR DISTANCE RT YOU ARE WILLING TO DRIVE?

___ 1-10 MI RT ___ 10-20 MI RT ___ 20-30 MI RT ___ 30+ MI RT COMMENTS: _____

DO YOU HAVE ANY CONDITIONS OR LIMITATIONS THAT MIGHT AFFECT YOUR ABILITY TO DRIVE? ___ YES ___ NO COMMENTS: _____

****PLEASE ATTACH A COPY OF YOUR CA DRIVER LICENSE AND PROOF OF AUTO INSURANCE**

AND SIGNED DMV AUTHORIZATION FOR RELEASE OF YOUR DMV RECORDS**

Volunteer drivers are responsible for:

- Valid CA drivers license.
- Valid, updated auto insurance.
- Upkeep of personal vehicle to ensure safety.
- Providing the signed authorization for release of driver record information to City of La Mesa for City to access DMV printout of your driving record.
- Completing Live Scan fingerprinting and background check, paid by the City of La Mesa.
- Attending the City of La Mesa Volunteer Driver Orientation and Training.

Volunteer drivers understand that:

- No reimbursement will be given for vehicle repairs.
- Mileage reimbursement is available up to the federal rate per mile.
- The City of La Mesa will provide secondary insurance through Volunteers Insurance Service Association, Inc., administered by the CIMA Companies, Inc.
- The City of La Mesa must be notified of any changes to personal information or availability.

City Of La Mesa Photo Release:

In association with my volunteer participation with the Rides4Neighbors Program, I grant full permission to the City of La Mesa to use of my name, voice and/or picture in any related media or other promotional materials for any purpose, without compensation.

I have read and understand the terms and conditions listed above.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____



A Public Service Agency

**EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION**

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, _____
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____ SIGNATURE OF EMPLOYEE
X

I, _____, of _____
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____ SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE
X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO NOT RETURN THIS FORM TO DMV.