

CITIZENS
ACTIVITY
TEAMS

ADULT VOLUNTEER PACKET



130 SOUTH MAIN STREET
LAKE ELSINORE, CA 92530

TELEPHONE (951) 674 - 3124

SPECIAL NOTE:

The City of Lake Elsinore is unable to accept court ordered volunteers. If you are trying to fulfill court mandated hours, please visit http://www.vcrivco.org/alternative_sentencing.html or call (951) 329-4709.

If you will be working with minors, handling money, or dealing with confidential information, you must consent to background screening and fingerprinting by the Lake Elsinore Sheriff's Department before beginning your volunteer service.

To inquire about volunteer positions with the Lake Elsinore Sheriff's Department, please contact them directly at 951-674-3300.

PACKET INSTRUCTIONS:

Step 1: Complete the following forms:

- 1) Adult Application
- 2) Waiver and Release
- 3) Citizen Corps Questionnaire
(only if you are interested in Emergency Support)

Step 2: Verify that your forms are complete, including all signatures. Submission of incomplete forms will delay your becoming a volunteer.

Step 3: Mail or hand-deliver your completed forms to the following address:

Lake Elsinore City Hall
130 South Main Street
Lake Elsinore, CA 92530
Attn: Volunteer Coordinator

Questions? Contact us at 951-674-3124 or at volunteer@lake-elsinore.org

Adult Application

130 SOUTH MAIN STREET
LAKE ELSINORE, CA 92530

TELEPHONE (951) 674 - 3124

FIRST NAME:	LAST NAME:	MI:	HOME NUMBER:	CELL NUMBER:
EMAIL ADDRESS:		WHAT IS THE BEST WAY TO CONTACT YOU?		
		<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email		
HOME ADDRESS (number and street):	APT #:	CITY:	STATE:	ZIP CODE:
HOW DID YOU HEAR ABOUT OUR CAT PROGRAM?				
WHICH VOLUNTEER AREAS INTEREST YOU? (please check all that apply)				
<input type="checkbox"/> City Services Support <input type="checkbox"/> Event Support <input type="checkbox"/> Emergency Support				
This includes assisting the various City departments through:		This includes working with the City and Event sponsors to handle:		This includes preparing for disasters of all kinds by involving yourself in:
-Office help -Building maintenance -Outdoor projects		-Event Coordination -Event Outreach -Event Recruitment -Event Safety -Event Staffing		-Citizen Corps -CERT -Emergency support outreach and recruitment -Neighborhood Watch
**If you would only like to volunteer at the Senior Center, please check here:			<input type="checkbox"/>	
**If you are interested in Emergency Support, please fill out the supplemental questionnaire at the end of this packet				
THE FOLLOWING QUESTIONS WILL HELP US PLACE YOU IN A VOLUNTEER POSITION:				
Are you able to lift 25 pounds?			<input type="radio"/> No <input type="radio"/> Yes	
Are you willing to work with the elderly?			<input type="radio"/> No <input type="radio"/> Yes	
Are you willing to work with children?			<input type="radio"/> No <input type="radio"/> Yes	
Do you have any medical/physical conditions that may require accommodations?			<input type="radio"/> No <input type="radio"/> Yes	
If yes, please explain:				

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR (OTHER THAN JUVENILE CONVICTIONS) UNDER YOUR PRESENT OR PAST NAME? (please include any convictions that have been expunged or sealed by the court)

No Yes

If yes, please answer the following:

When: _____

Where: _____

Outcome: _____

EMERGENCY CONTACTS:

Contact #1 Name: _____ Phone: _____

Relationship to you: _____ Alternate Phone: _____

Contact #2 Name: _____ Phone: _____

Relationship to you: _____ Alternate Phone: _____

BY SIGNING BELOW

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I understand that false statements in my application subjects me to disqualification.

I understand that before performing the duties of a volunteer with the City of Lake Elsinore, all paperwork must be submitted and I must be approved. I also understand that, depending on my volunteer position, I may be fingerprinted by the Lake Elsinore Sheriff Station and cannot begin said volunteer position until my fingerprints are cleared.

I understand that I am completely responsible for any children under the age of 14 that may accompany me on a family volunteer day.

I understand that the City of Lake Elsinore reserves the right to use photos taken during events/projects for promotional purposes. This could include publishing in newsletters, brochures, and the City of Lake Elsinore web site.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

APPLICANT'S PRINTED NAME: _____

Adult Waiver & Release

130 SOUTH MAIN STREET
LAKE ELSINORE, CA 92530

TELEPHONE (951) 674 - 3124

BY SIGNING BELOW

I hereby acknowledge that as a volunteer for the City of Lake Elsinore, I perform voluntary services for the Agency without compensation and therefore I am not covered under the City of Lake Elsinore's workers' compensation plan.

As a condition of performing volunteer duties, I hereby knowingly and unequivocally waive, release and discharge any rights that I, my heirs, assigns, agents or other representatives may have or which hereafter may accrue to me, to file any claim, lawsuit and/or any other cause of action against the City of Lake Elsinore, its employees, officers, agencies, other volunteers and officials as a result of performing said volunteer services. In granting this full and complete release and waiver of liability on the part of the Agency, I specifically waive California Civil Code Section 1542, which states:

"A general release does not extend to claims, which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him, must have materially affected his settlement with the debtor."

I expressly desire to release the City of Lake Elsinore, its employees, officers, agencies, other volunteers and officials from my financial responsibility to me for any personal injury and/or property damage I may incur as a result of my voluntary services, even when it results from the negligence, both active and passive, of the City of Lake Elsinore and/or its employees.

I understood that accidents and injuries can arise out of my volunteer activities; knowing the risk, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the Agency, its employees, officers, agencies, other volunteers and officials, who (through negligence or carelessness) might otherwise be liable to me (or my heirs, assigns, agents or other representatives) for damages.

No promise, inducement, or agreement has been made to me to induce me to release the Agency from liability for any personal injury and/or property damage incurred by me as a result of my voluntary services, nor has any promise, inducement, or agreement been made to me in return for the express waiver of rights referred to above.

APPLICANT'S SIGNATURE: _____

DATE: _____

APPLICANT'S PRINTED NAME: _____

DECLARATION OF WITNESS

The above applicant, in my presence, acknowledged that he/she has read and fully understands the meaning and consequences of the Waiver and Release, and he/she signed it in my presence.

WITNESS' SIGNATURE: _____

DATE: _____

WITNESS' PRINTED NAME: _____

Citizen Corps Questionnaire



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TELEPHONE (951) 674 - 3124

APPLICANT INFORMATION

Important: In order to become a Lake Elsinore Citizen Corps Volunteer, you must either live within Lake Elsinore City Limits or work within Lake Elsinore City Limits. If you are uncertain as to whether your home or work address is City or County, please call the Lake Elsinore Planning Department at 951-674-3124.

I live in Lake Elsinore

Home Address: _____

Are you a year-round Lake Elsinore resident? NO YES

If no, then what months do you reside in Lake Elsinore? _____

I work in Lake Elsinore

Occupation: _____ **Employer:** _____

Business Address: _____

SKILLS / SERVICES

Please check all the following skills and services that apply to you:

MEDICAL

- Doctor
Speciality: _____
- Nurse
Speciality: _____
- Mental Health Counselor
- Veterinarian
- Veterinary Technician

COMMUNICATIONS

- CB or ham operator
- Telephone receptionist
- Public Relations

OFFICE SUPPORT

- Clerical
- Data Entry
- Phones

LABOR

- Loading/Shipping
- Sorting/Packing
- Clean-up
- Light Equipment Operator
- Heavy Equipment Operator
- Supervisory Experience

**LANGUAGE
(Other than English)**

Please List: _____

SERVICES

- Food
- Elderly/Disabled Care
- Child Care
- Spiritual Counseling
- Social Work
- Search and Rescue
- Auto Repair/Towing
- Traffic Control
- Crime Watch
- Animal Rescue/Care

**CERTIFICATES
(Please provide copies)**

- CPR
- AED
- First Aid
- CERT
- Structural Damage
- Shelter
- Other:

RELEASE OF LIABILITY

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless the City of Lake Elsinore as the coordinating agency, the organizers, sponsors and supervisors of all disaster preparedness, response, mitigation and recovery activities from all liability for any and all risk of damage or bodily injury or death or property damage, including any injury or damage caused by negligence, in connection with any volunteer disaster effort in which I participate or which may arise from my participation in volunteer disaster efforts or from my presence on a Lake Elsinore City site or in a Lake Elsinore City vehicle as part of said participation. I likewise hold harmless from liability any person or agency transporting me to or from any disaster preparedness, response, mitigation, recovery and relief activities. In addition, disaster relief officials have permission to utilize any photographs or videos taken of me for publicity or training purposes without compensation paid to me. I will abide by all safety instructions and information provided to me during disaster relief efforts. I understand and agree that failure to abide by such safety instructions and information may result in my immediate dismissal from the City of Lake Elsinore Citizen Corps, without recourse.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the City of Lake Elsinore, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me.

I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

APPLICANT'S SIGNATURE: _____

DATE: _____

APPLICANT'S PRINTED NAME: _____

DECLARATION OF WITNESS

The above applicant, in my presence, acknowledged that he/she has read and fully understands the meaning and consequences of the Release of Liability, and he/she signed it in my presence.

WITNESS' SIGNATURE: _____

DATE: _____

WITNESS' PRINTED NAME: _____