



JOSLYN CENTER VOLUNTEER APPLICATION FORM

Welcome to the Joslyn Center! We are pleased you are interested in volunteering. Our volunteers provide an invaluable service for our community and have a lifetime of talents to share. Thank you for your support!

Confidential Information

Last Name: _____ First _____ Middle _____

Address: _____ Apt/Space No. _____

City: _____ State _____ Zip _____

Phone(s) Home: _____ Cell: _____ E-Mail Address _____

Male Female Date of Birth _____ / _____ / _____

Are there any physical conditions we should consider in arranging volunteer assignments for you? _____

(PLEASE BE SPECIFIC: IF NONE, WRITE NONE)

Volunteer Experiences

Interests, Skills, Hobbies etc. _____

Clubs, Organizations etc. you belong to _____

Education (highest level) _____

Have you volunteered before? Yes No If so, what position? _____ Dates: _____

What Organization? _____ Address: _____

Phone Number: _____ Contact Person/Title: _____

May we contact the organization? Yes No

Emergency Information

Emergency Contact: _____

Relationship: _____

Phone Number: _____ Cell Phone: _____

73-750 Catalina Way
Palm Desert, California 92260-2906
Phone: 760-340-3220 FAX: 760-568-9230

Availability

Day(s): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time(s): Mornings Afternoons Anytime

Are you a **seasonal resident**, if so what months are you available?

Areas of Interest: Please check the area(s) of volunteer work that interests you

Clerical/Office

- Center Receptionist (4 Hour Shifts)
- General Office: Letters/Filing/Organizing
- Computers Support: Word/Excel proficiency
- Mailings: Newsletter, Flyers, Letters, etc.

Social Service/Health Programs

- Driver- Meals on Wheels Program
- Blood Pressure Reading- RN's
- Blood Pressure Recordkeeping Assist.
- Meals on Wheels Assistance
- Penny's Pantry Assistance
- Phone Assistance-Wellness & Safety Support Center

Activities/Events

- Bingo Caller
- Decorating for Events
- Ushering/Snack Bar
- Center Events Assistance
- Teaching Classes:
Please List _____

Other

- Computer Lab Support: Word/Excel proficiency
- Public Speaking, Lectures Etc.
- Community Outreach
- Maintenance/Handyman Assistant

Skills to Share: Please check the skill area(s) you would like to share with the Joslyn Center

- Entertainment Crafting Drawing Dance Public Speaking Painting Sewing Computers
- Musical Instrument Cooking/Baking Handy Man Skills Exercise Cultural Activities

Other: _____

Joslyn Center acknowledges that equal opportunity for all. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disabilities, sexual orientation, sex, or marital status.

For Office Use Only:

- Handbook Received/Signed
- Confidentiality Agreement Signed
- Volunteer Policies/Code of Conduct Received/Acknowledged
- Waiver, Release, and Indemnity Agreement Signed
- Driver Information Check Completed
 - Proof of Insurance Provided
- Orientation Completed
- Background Check Completed

Release of Information/Pictures/Video

As a volunteer for the Joslyn Center, I hereby authorize the Joslyn Center to disclose pictures/video taken of me, information and/or statements I have given through interviews with staff, in press releases, articles, newsletters or advertisements.

Volunteer's Signature _____ Date _____

VOLUNTEER WAIVER, RELEASE, AND INDEMNITY AGREEMENT

Between The Joslyn Center and

(here in after "the volunteer")

This document sets forth the responsibilities and understandings of the volunteer and of the Joslyn Center regarding volunteer's participation in volunteer programs partially or wholly coordinated by Joslyn Center. **The volunteer and Joslyn Center agree as follows:**

1. The volunteer performs the service of the volunteer's own free will, without promise, expectation, or receipt of remuneration. The volunteer is not an employee or agent of Joslyn Center for any purpose and the volunteer's services are not controlled nor mandated by Joslyn Center.
2. If the volunteer is under the age of 18, the volunteer may only participate in volunteer service with the express written consent of the volunteer's parent or guardian.
3. The volunteer understands and agrees that it is possible that the volunteer may be injured or otherwise harmed during volunteer service due to accidents, acts of nature, the volunteer's negligent or intentional acts, or the negligent or intentional acts of others; that while Joslyn Center has taken some steps to reduce the chances of injuries or harm to the volunteer, that Joslyn Center has no control over most risks, and, thus, cannot and does not guarantee nor take any responsibility for the safety of the volunteer or the volunteer's property while the volunteer is engaged in volunteer service; and that the volunteer must take full responsibility for himself or herself and assume the risk of harm or damage while serving by taking all necessary and reasonable precautions and acting in a manner that will help protect himself or herself and his or her property.
4. The volunteer agrees to waive and release Joslyn Center and City of Palm Desert from any and all potential claims for injury, illness, damage, or death which the volunteer may have against Joslyn Center that might arise out of the volunteer's service and to hold Joslyn Center harmless therefrom.
5. The volunteer agrees and understands that injuries or losses to others, such as co-workers or the person(s) being helped, may occur as a result of the volunteer's negligent or intentional acts during volunteer service, and that to avoid such harm, the volunteer must exercise care and act responsibly in serving others.
6. If any injury or loss to another does occur due to the volunteer's intentional actions or due to volunteer's negligent actions arising outside of the scope of the volunteer's activities, the volunteer must accept the liability for and repair, or make reparations for, the harm done.
7. Joslyn Center is providing the volunteer with secondary insurance coverage (effective after volunteer's primary own coverage) for any injuries, conditions, or losses to the volunteer arising out of volunteer activities. Joslyn Center provides liability insurance coverage on all Joslyn Center vehicles used during service projects.
8. The volunteer must maintain his or her own primary medical insurance and the volunteer's own automobile liability insurance when driving a non-Joslyn Center vehicle to cover potential medical and other costs related to the volunteer service; and the volunteer is also encouraged to maintain property and life insurance coverage while serving as a volunteer.

9. All costs for injury or loss above the coverage provided by the volunteer's insurance and the Joslyn's secondary insurance are the volunteer's personal responsibility.
10. In projects where the volunteer will be using a non-Joslyn Center owned vehicle, the volunteer will be required to provide proof of automobile insurance, not less than \$50,000/\$100,000 for personal liability limits, in order to participate.
11. Since volunteers are not Joslyn Center employees, Joslyn Center does not provide workers' compensation coverage for injuries or illnesses to the volunteer arising out of volunteer activities.

I understand that the materials and tools provided by Joslyn Center are and remain the property of Joslyn Center, and I agree to return these tools and any remaining materials to Joslyn Center at the end of my volunteer service.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed of my own free will.

Volunteer

Printed Name

Date

If volunteer is under 18 years of age, parent or guardian must read and sign this document.

This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Date

Parent or Guardian Signature

Printed Name

Name of School: _____ City: _____

School Contact: _____ Phone: _____

Are you earning school credit for volunteering at the Joslyn Center? Yes No

Is this a Court CS? Yes No If Yes, contact information: _____

Meals on Wheels Instructor General Application
Criminal History- Must Be Completed

Background checks are required of all Joslyn Center volunteers. The fee for this service is \$16 and is due to the Joslyn Center at the time of application Cash Check # _____

Yes No **Have you ever been convicted for any felony crime** involving "offense against the person", including assault, drugs, sexual or other abuse of children and/or adults, endangering welfare of children, or of any felony crime involving "offense against property", including theft, burglary or crime fraud? If yes, please describe the nature and date of the conviction and the penalty.

Authorization for Criminal History Record Check:

I, _____, (print your name), hereby authorize the Joslyn Center or a third party vendor to obtain information pertaining to any criminal charges currently pending and/or convictions. I have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding, and convictions for crimes committed upon minors. I understand that this information will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I have been given a separate notice of my rights under the California Investigative consumer Reporting Agencies Act. I understand that I will be entitled to copies of the record and be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency to correct any inaccurate record. I further understand that until the Joslyn Center receives notification from that agency correcting any inaccuracies any employment or volunteer assignment will be deferred.

As an applicant for a staff/volunteer position, I hereby attest to the truthfulness of the representations I have made regarding my criminal history, if any. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any criminal misdemeanor or felony. I understand that I do not have to disclose any sealed or expunged conviction records.

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the position for which I am making application or, if already accepted, terminated from my position. I understand that conviction records are not an automatic bar to employment and will be reviewed based on their number, nature and recentness to determine suitability.

SIGNATURE OF APPLICANT

DATE

FULL NAME OF APPLICANT

ADDRESS

CITY

ST

ZIP

(After background check has been completed, this section of personal information should be removed and shredded)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

SEX: Male Female

DRIVER'S LICENSE NUMBER

STATE OF ISSUANCE

EXPIRATION DATE

Driving Information

If you are volunteering for a position that requires driving, Joslyn Center requires a valid Driver's License and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one? Yes No

As a Volunteer, I agree to provide a valid Driver's License number and proof of current automobile insurance. I agree to allow Joslyn Center to verify the auto information provided by me. I agree that I will notify my volunteer supervisor if my driver's license becomes restricted, revoked, and/or expired or my auto insurance lapses.

Insurance Carrier _____

Policy # _____

DRIVER'S LICENSE NUMBER _____

STATE OF ISSUANCE _____

EXPIRATION DATE _____

DATE OF BIRTH _____

SIGNATURE REQUIRED: _____

Proof of Insurance Attached