



**CITY OF DALY CITY**  
Active Adult/Senior Services  
101 Lake Merced Boulevard, Room 16  
Daly City, CA 94015  
650 991-8012



## VOLUNTEER APPLICATION FORM

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address \_\_\_\_\_ Language(s): English Cantonese Tagalog Spanish Other: \_\_\_\_\_

### Emergency Contact

I hereby give my permission for the City of Daly City to seek emergency medical treatment on my behalf and designate an emergency contact below. \_\_\_\_\_ (INITIAL)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Areas of Interest:

Lunch Check-in    Lunch Preparation    Lunch Server    Garden Deli    Administrative Projects  
 Decorating    Event Photographer    Food Pantry Client Service    Sunshine Squad (Greeting Cards)  
 Activity Leader (circle):   Exercise/Fitness   Arts/Crafts   Computer/Tech   Games   Music  
 Other (Please share your area of interest if not listed.): \_\_\_\_\_

### Availability:

Mon    Tue    Wed    Thu    Fri    AM    PM

**Preferred Volunteer Site (circle):** Bayshore   Doelger   Gellert   Lincoln   War Memorial

1. Do you have any medical limitations that may impact your volunteer duties? (Please explain)

\_\_\_\_\_

2. Current volunteer activities:

\_\_\_\_\_

3. Information from prior work experience or life experience that pertains to volunteer interest:

\_\_\_\_\_

### Personal or Professional References - Please exclude relatives.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Work No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Work No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

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

\_\_\_\_\_  
Date

Your signature indicates your approval for us to check references, and the information you have provided is correct to the best of your knowledge.

## **JOB DESCRIPTION**

Please make sure you ask you Active Adult/Senior Services staff member for updated copies of job description and other helpful documents.

## **VOLUNTEER CONFIDENTIALITY AGREEMENT**

I agree to maintain strict confidentiality of all client information, including but not limited to the name, address, telephone number, diagnosis, health status, mental or emotional status and/or any other identifying and personal information regarding services provided to Senior Center clients. I understand that client/member information is not to be shared with anyone including your significant other, family members, friends or other staff or volunteers. I agree that if a problem develops that requires possible intervention, information will be provided only to appropriate Active Adult/Senior Services staff member, San Mateo County Aging and Adult Services (TIES Line) social worker or Daly City Police Officer for possible solutions. I have read and understand my responsibility to maintain strict confidentiality of client information. \_\_\_\_\_ **(INITIAL)**

## **VOLUNTEER AGREEMENT AND RELEASE**

I fully understand that my participation in the Daly City Senior Services programs is a volunteer position for which I shall receive no compensation of any kind from the City or from any third party for the volunteer services performed. I hereby represent to the City that I can perform the volunteer service in a competent and satisfactory manner and agree to accept the instructions, directions and orders of the Active Adult/Senior Services staff member relating to my performance.

I further understand that my participation exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this event/program and agree to assume any such risks. I hereby release, discharge, agree not to sue, and waive all claims against the City of Daly City for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event/program from whatever cause, including the active or passive negligence of the City of Daly City or any other participants in the event/program.

In consideration for being permitted to participate in the event/program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Daly City from and against any and all claims, proceedings, demands, actions, liabilities, damages, or suits of any kind and nature arising out of or in connection with my participation in the event/class.

**I HAVE CAREFULLY READ THIS WAIVER, INDEMNITY AGREEMENT AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ANY AND ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.**

The term of this Agreement shall commence on the date first written, below and shall remain valid until the conclusion of the event/program, unless sooner terminated by either party.

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Signature of Participant

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Date

or Parent/Guardian if under 18 years of age

**For Office Use:**

<input type="checkbox"/> Application Received	<input type="checkbox"/> Application Circulated to Supervisors	<input type="checkbox"/> Handbook Provided	<input type="checkbox"/> Photo Badge Provided
<input type="checkbox"/> CBSQ Received	<input type="checkbox"/> References Checked	<input type="checkbox"/> All Data in Volgistics	
<input type="checkbox"/> CBSQ to HR: _____	<input type="checkbox"/> Interview & Orientation Completed	<input type="checkbox"/> Originals Filed	
<input type="checkbox"/> CBSQ Cleared: _____	<input type="checkbox"/> Start Date Set: _____		

Application accepted by: \_\_\_\_\_ Date: \_\_\_\_\_