



VOLUNTEER / INTERN APPLICATION
CITY OF MENIFEE
29844 Haun Road
Meniffee, CA 92586

VOLUNTEER TITLE: _____ DATE: _____

PLEASE PRINT OR TYPE

NAME: _____
Last Name First Name

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

ARE YOU AT LEAST 18 YRS. OLD? YES ___ NO ___

ARE YOU CURRENTLY AN EMPLOYEE OF THE CITY OF MENIFEE? YES ___ NO ___

EDUCATION: LIST HIGHEST GRADE ATTAINED; DEGREES, IF ANY; SCHOOLS; TRAINING:

LIST THE SPECIFIC ACTIVITY OR INTEREST AREA YOU WOULD LIKE TO WORK IN:

EXPLAIN WHY YOU ARE INTERESTED AND WHAT ABILITIES AND/OR EXPERIENCE YOU HAVE IN THIS AREA:

PLEASE LIST ANY PHYSICAL LIMITATIONS THAT NEED TO BE ACCOMMODATED TO HELP YOU VOLUNTEER:

ARE YOU CURRENTLY (CHECK ONE):

- STUDENT EMPLOYED FULL TIME EMPLOYED PART TIME
 UNEMPLOYED RETIRED OTHER

WHEN ARE YOU AVAILABLE TO VOLUNTEER (CHECK ALL THAT APPLY):

- MORNING AFTERNOON
 MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

ARE YOU ABLE TO VOLUNTEER FOR:

- 1-6 MONTHS 6-12 MONTHS 1-2 YEARS ONGOING

REFERENCES (NON-RELATIVES)

INCLUDE AT LEAST TWO INDIVIDUALS WHO ARE NOT CONNECTED OFFICIALLY WITH THE CITY OF MENIFEE. PLEASE GIVE NAME AND PHONE NUMBER.

_____ APPLICANT SIGNATURE	_____ DATE	_____ SUPERVISOR SIGNATURE	_____ DATE
_____ PARENT SIGNATURE (if a minor)	_____ DATE	_____ DEPARTMENTDIRECTOR SIGNATURE(if applicable)	_____ DATE
_____ HR APPROVED (if applicable)	_____ DATE		

REVIEW CAREFULLY BEFORE SIGNING

GENERAL RELEASE OF LIABILITY: *For and in consideration of the granting of permission to participate in the activities conducted by and/or with City personnel, in my volunteer status, the undersigned, on behalf of him/herself, his/her heirs, executors, administrators, and assigns, hereby fully releases and discharges City of Menifee, its members, agents, and employees from any and all claims, actions and liabilities that may arise as a result of my volunteer participation with the City of Menifee.*

The undersigned has read this General Release of Liability and fully understands and acknowledges the significance of said General Release of Liability and hereby assumes full responsibility for any injuries, damages or losses that he/she may incur from my volunteer participation with the City.

As a Volunteer, I understand that I will be at-will and that my services may be terminated without cause, at any time, at the sole discretion of the City of Menifee. I also understand that I am not entitled to receive compensation or benefits of any kind from the City, including those afforded in accordance with CA Workers' Compensation laws. I am also aware that I have no expectation of future employment with the City of Menifee.

I further understand that should I use my automobile in Volunteer Service, I will keep in effect, automobile liability insurance equal at least to the minimum limits required by the State of California.

DATE: _____

APPLICANT SIGNATURE

SIGNATURE OF PARENT / GUARDIAN (IF A MINOR)

Application must be submitted to the Human Resources Department for processing:

City of Menifee
29844 Haun Road
Menifee, Ca 92586
humanresources@cityofmenifee.us

HUMAN RESOURCES APPROVED: _____ DATE _____