



Application for Volunteer Service

Name _____ Date _____ Over 18? Yes No

Mailing Address _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact _____ Relationship _____ Phone _____

If you are a current volunteer, when did you start volunteering? Month _____ Year _____

Which activity or interest area would you like to volunteer for? _____

Explain why you're interested and what abilities/experience you have. _____

Have you ever been convicted of a felony? Yes No If yes, please explain. _____

Are you currently: Student Employed Full-Time Employed Part-Time Unemployed Retired

Are you able to volunteer for: 1-6 months 6-12 months 1-2 years Ongoing

What time are you available each day? Sat Sun Mon Tue Wed Thu Fri

Please list two references (name and phone number) who are not officially connected with City of Vista.

Are you currently an employee of City of Vista? Yes No

Signature of Applicant

Approved by (Name and Signature)

Signature of Parent (if applicant is under 18)

Email completed form to: ssaito@cityofvista.com

I, _____, agree and understand that any work that I may perform on behalf of the Recreation and Community Services Department will be provided on a voluntary basis, and that I do not expect payment or other compensation for performing such work. I am aware that the City liability insurance includes coverage for injuries occurring to me while volunteering for the City of Vista. I have been advised that this insurance is in excess of any other medical insurance I may have. I further understand and agree that a volunteer position does not constitute an employee-employer relationship with the City of Vista, and that the City may terminate my volunteer status at any time without cause, advance notice, or right of appeal. If an injury is sustained while volunteering, it should be reported to the supervisor immediately so that an injury report can be completed.