



# COUNTY OF TULARE GENERAL SERVICES AGENCY

## VOLUNTEER APPLICATION & AGREEMENT

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

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

Phone (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_ Do you have transportation?  Yes  No

Are you over 18 years old?  Yes  No Have you ever been convicted of a felony?  Yes  No

Do you have a health condition or disability that may require special arrangements? \_\_\_\_\_

Why would you like to become a Volunteer? \_\_\_\_\_

\_\_\_\_\_

Please describe any previous volunteer experience you have? \_\_\_\_\_

\_\_\_\_\_

Do you have training or experience in construction, building trades, or demolition? \_\_\_\_\_

\_\_\_\_\_

Do you have any experience with public relations or customer service? Please describe: \_\_\_\_\_

\_\_\_\_\_

Do you have any special skills or talents you feel will be beneficial? Please describe: \_\_\_\_\_

\_\_\_\_\_

WHICH OF THE FOLLOWING VOLUNTEER DUTIES ARE INTERESTED IN?					
<input type="checkbox"/>	Yard Work/Landscaping	<input type="checkbox"/>	Photography	<input type="checkbox"/>	Cataloging Collections
<input type="checkbox"/>	General Clean-up	<input type="checkbox"/>	Exhibit Design	<input type="checkbox"/>	Data Entry
<input type="checkbox"/>	Carpentry	<input type="checkbox"/>	Exhibit Installation	<input type="checkbox"/>	Social Media/Advertising
<input type="checkbox"/>	Customer Service	<input type="checkbox"/>	Event Planning	<input type="checkbox"/>	Other: _____

WHAT DAYS AND TIMES ARE YOU AVAILABLE?							
	MON	TUES	WED	THUR	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

**TURN OVER TO COMPLETE APPLICATION**

## VOLUNTEER AGREEMENT AND RELEASE FORM

Tulare County General Services Agency (GSA) is a proud sponsor of this Volunteer Program. Please read and sign below:

- I understand that continued participation in the Volunteer Program depends on my cooperation with expectations presented to me by GSA and may vary by project.
- If I am unable to abide by the expectations set forth by GSA I agree to resign from the volunteer program.
- I agree to be supervised by a GSA staff member or their designee and will report to my designated contact regarding any issues, concerns, suggestions, complaints, or problems with GSA staff members and/or other Volunteers.
- I agree to report any injury, inappropriate behavior, or poor treatment of others to the Volunteer Coordinator.
- I agree to keep all records, names of employees, and other volunteers confidential.
- I agree to allow the County of Tulare to use any photographs taken of me for use in public relations efforts and hold the County of Tulare harmless for any loss or damage to my personal property while performing volunteer services.
- I agree to indemnify and hold harmless the County of Tulare, Tulare County General Services Agency, its officers, agents and employees from and against any and all liability whatsoever arising out of or related to my duties under this agreement or for any negligent act or omission by the County of Tulare, Tulare County General Services Agency, its officers, agents and employees.
- I acknowledge that all of the above information is accurate and truthful and that I am 18 years of age or older. ***If I am under 18 years of age a parent or guardian must sign below.***

By signing below you agree to comply with the policies of GSA and the expectations of Volunteer Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of authorized GSA Representative

\_\_\_\_\_  
Print Name

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other \_\_\_\_\_

### PARENT/GUARDIAN SIGNATURE VOLUNTEERS UNDER 18 YEARS OF AGE

As a parent or legal guardian of the above-named Volunteer, I hereby give my consent to allow the volunteer to perform services for Tulare County General Services Agency described within this Volunteer Agreement and Release Form. I acknowledge that I have read and fully understand the terms and conditions of the foregoing volunteer agreement and that I will comply with the same.

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Signature of Parent or Guardian (if less than 18 years)

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Interview date: \_\_\_\_\_ Initials: \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_