

VIA - APPLICATION CHECKLIST



VIA Name: _____

Date Submitted: _____

Accepted By: _____

<i>*Please date and initial at each step in application process</i>	Date	Initials	Notes:
Finger Print Date			
Clear Date			
Orientation Date			
Copy to & Date			
Notes:			

Thank you for joining the City of La Mirada's Volunteers in Action Program

Volunteers help improve the quality of life for the many residents in the community. Volunteers in Action (VIA) is a program designed for adults age 18 and over who want to give back to their community and help sustain essential programs. Listed below are some important details about the application process:

- ◇ *Volunteer positions and their availability may vary.*
- ◇ *All volunteers will be fingerprinted and pass a background check. (You must possess a valid form of photo identification.)*
- ◇ *Volunteers will attend an orientation that will provide more details and important information before beginning volunteer service.*



For more information please contact the Community Services Department at (562)943-7277 or visit www.cityoflamirada.org

Updated: 10/22/2012

VOLUNTEERS IN ACTION APPLICATION

COMMUNITY SERVICES DEPARTMENT



Date: ____/____/____

PERSONAL INFORMATION (PLEASE PRINT):

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ Zip: _____

Male ____ Female ____ Date of Birth: ____/____/____ E-mail address: _____

Home Phone # _____ Alternate Phone #: _____

Drivers License or ID # _____

Please list any limitations (i.e. related to disability or transportation): _____

In addition to English, please list any languages spoken: _____

How did you hear about the Volunteers in Action program? _____

Please tell us briefly why you wish to volunteer and how you can contribute to the City of La Mirada:

SCHOOL INFORMATION:

1. Are you volunteering for school credit? Yes ____ No ____
2. If yes, how many hours do you need? _____ By what date do the hours need to be completed? _____
3. In conjunction with a club/organization? Yes ____ No ____ If yes, name of club/organization _____

ADDITIONAL INFORMATION:

A "YES" ANSWER TO ANY OF THE NEXT 3 QUESTIONS REQUIRES AN EXPLANATION BELOW:

1. Have you ever been an employee or volunteer with the City of La Mirada? Yes ____ No ____
2. Are you related to any City of La Mirada employee, councilmember, or commissioner? Yes ____ No ____
3. Have you ever been convicted of a crime? Yes ____ No ____

PLEASE NOTE: A conviction is not an automatic bar to volunteer service with the City of La Mirada. Each case will be considered on its own merits pursuant to the City of La Mirada Criminal Background Checks and Securing Received Criminal History Policy. The City is **NOT** seeking information about convictions for possession of marijuana and certain other marijuana-related offenses that are more than two years old **if** the convictions resulted under California Health and Safety Code Sections 11357(b), 11357(c) (or a statutory predecessor), or Health and Safety Code Sections 11360(c), 11364, 11365, or 11550. You may exclude information about any such convictions on this application form. You may also exclude information about (i) any convictions that have been legally expunged, sealed, or statutorily eradicated (ii) a referral to and participation in any pretrial or posttrial diversion program; and (iii) any arrests that did not result in conviction.)

PLEASE NOTE: If California Public Resources Code Section 5164 covers the position for volunteer service, you will also be required to complete the Supplemental Application (Supplemental Application Pursuant to California Public Resources Code Section 5164 – Volunteer Being Considered for Position Involving Supervision or Disciplinary Authority Over Any Minor).

I have read and understand all the information contained in this application. I authorize the release of information concerning my qualifications or character, to the City of La Mirada through inquiries of any source. I certify that all statements in this application are true and complete; that there are no misrepresentations, falsifications, or omissions of material fact, and I am aware that any misstatements or omissions of material fact may cause rejection of my application or discharge from any services in this jurisdiction. Furthermore, I may be required to submit verification of any information provided on this application. I understand that as a condition of my service, I may be required to complete a supplemental questionnaire regarding criminal history, and to successfully pass a criminal background check in accordance with City policy, which may include Live Scan fingerprint process and other service-related criminal background investigations. The City will pay the cost of the criminal background check.

SIGNATURE _____ DATE _____

AVAILABILITY:

Total number of hours per week that you'd like to volunteer: _____

On the following days, please indicate the hours that you are available:

MONDAY _____
TUESDAY _____
WEDNESDAY _____
THURSDAY _____

FRIDAY _____
SATURDAY _____
SUNDAY _____

The City of La Mirada considers volunteer applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a medical condition or disability, or any other legally protected status. Individuals must be 16 years of age or older to participate in the Volunteers in Action program. Youth ages 11 to 15 may volunteer with an organized group under parent or group supervision.

**PLEASE INDICATE YOUR INTERESTS AND SKILLS IN THE FOLLOWING SECTIONS
SO THAT THE CITY MAY BEST MATCH YOU TO VOLUNTEER OPPORTUNITIES.**

VOLUNTEER ACTIVITIES OF INTEREST:

COMMUNITY SERVICES DEPARTMENT

- ___ Computer Center Volunteer
- ___ Docent (Historical Neff House)
- ___ Homework Club Tutor
- ___ P.A.R.K. Program Volunteer
- ___ Mentoring Program
- ___ SeniorNet Volunteer
- ___ Splash! Aquatics Center Volunteer (Seasonal)
- ___ Tiny Tots Reading Program
- ___ Youth Sports Coaches
- ___ Office Assistant
- ___ Facility Greeter

PUBLIC SAFETY DEPARTMENT

- ___ Neighborhood Watch Volunteer
- ___ C.E.R.T. Volunteer

LA MIRADA THEATRE FOR THE PERFORMING ARTS

- ___ Theatre Usher (ages 16+)

SKILLS OR INTEREST:

- ___ Computers
- ___ Landscape & yard projects
- ___ Painting
- ___ Tax preparation
- ___ Translating
- ___ Teaching
- ___ Clerical work
- ___ Exercise/Fitness Trainer
- ___ Other repair _____
- ___ Misc skills _____

IF YOU ARE AFFILIATED WITH ANOTHER VOLUNTEER GROUP, PLEASE INDICATE WHICH GROUP(S):

OTHER: _____

**CITY OF LA MIRADA
COMMUNITY SERVICES DEPARTMENT
VOLUNTEERS IN ACTION**

Criminal History
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Updated: 10/22/2012

CITY OF LA MIRADA

CRIMINAL HISTORY SUPPLEMENTAL APPLICATION

**SUPPLEMENTAL APPLICATION PURSUANT TO CALIFORNIA
PUBLIC RESOURCES CODE SECTION 5164 – VOLUNTEER BEING
CONSIDERED FOR A POSITION INVOLVING SUPERVISORY OR
DISCIPLINARY AUTHORITY OVER ANY MINOR**

Date: ___/___/___

PERSONAL INFORMATION (PLEASE PRINT):

Last Name: _____ First Name: _____ MI: _____

California Public Resources Code Section 5164 prohibits the City of La Mirada from engaging a person for volunteer services at any park, playground or recreational center used for recreational purposes, in a volunteer position having supervisory or disciplinary authority over any minor, if the person has been convicted of certain crimes under the California Penal Code. Public Resources Code Section 5164 requires that each prospective volunteer complete an application that asks if the person has been convicted of any of the specified offenses. In addition, Public Resources Code Section 5164 provides for a criminal background check, which requires fingerprinting.

Since you are a candidate for volunteer service covered by Public Resources Code Section 5164 and/or Education Code Section 10911.5, please answer the following supplemental application questions. **Completion of the supplemental application and successful completion of a criminal history background investigation (including fingerprinting) is a condition of consideration for the volunteer position.**

You may attach additional sheets as necessary.

NOTE: All applicants must complete this Criminal History Supplemental Application form. Failure to complete, sign, and date this form will disqualify your application from further consideration for the position.

1. **Have you ever been convicted of any crime? Yes_____ No_____**

A. If your answer to Question #1 is yes, please describe the crime(s) for which you were convicted, the date(s) upon which you were convicted and each jurisdiction in which you were convicted. The specific statute(s) or ordinance(s) must be listed. (PLEASE NOTE: Convictions for marijuana-related offenses that are more than two years old need not be listed. You may also exclude any

convictions which have been legally expunged or sealed. Conviction is not an automatic bar to service as a volunteer; each case is considered on its own merits pursuant to the City of La Mirada Criminal Background Checks and Securing Received Criminal History Policy): _____

2. Have you ever been convicted of violation or attempted violation of any of the statutes listed in Subsection (A) below? PLEASE NOTE: You must include in your response any conviction for violation or attempted violation of an offense committed outside the State of California, if the offense would have been a crime as defined in the statutes referred to if committed in California. Yes _____ No _____

A. The statutes specified in Public Resources Code Section 5164 include:

- Violations or attempted violations of Penal Code Section 220, 261.5, 262, 273a, 273d, or 273.5, or any sex offense listed in Penal Code Section 290, except for the offense specified in Penal Code Section 243.4 (d).
- Any felony or misdemeanor conviction within 10 years of the date of the City's request, of the violation or attempted violation of any of the offenses specified in Chapter 3 (commencing with Section 207) of Title 8 of Part 1 of the Penal Code; Penal Code Section 211 or Penal Code Section 215, wherein it is charged and proved that the defendant personally used a deadly or dangerous weapon, as provided in Penal Code Section 12022 (b) in the commission of that offense; Penal Code Section 217.1; Penal Code Section 236; any of the offenses specified in Chapter 9 (commencing with Section 240) of Title 8 of Part 1 of the Penal Code; or any of the offenses specified in Penal Code Section 667.5 (c).
- Any felony conviction that is over 10 years old, if the subject of the request was incarcerated within 10 years of the City's request, for a violation or attempted violation of any of the offenses specified in Chapter 3 (commencing with Section 207) of Title 8 of Part 1 of the Penal Code; Penal Code Section 211 or Penal Code Section 215, wherein it is charged and proved that the defendant personally used a deadly or dangerous weapon, as provided in Penal Code Section 12022 (b) in the commission of that offense; Penal Code Section 217.1; Penal Code Section 236; any of the offenses specified in Chapter 9 (commencing with Section 240) of Title 8 of Part 1 of the Penal Code; or any of the offenses specified in Penal Code Section 667.5 (c).

B. If your answer to Question #2 is yes, please list the crime(s) for which you were convicted, the date(s) of conviction and each jurisdiction in which you were convicted: _____

3. Without in any way limiting the foregoing, have you ever been convicted of any crime involving an assault with intent to commit a felony, any crime against a person involving sexual assault, any crime against public decency and good morals, disorderly conduct, annoying or molesting a child under age 18, kidnapping, robbery or carjacking? Yes _____ No _____

A. If your answer is yes, please describe the crime for which you were convicted, the date upon which you were convicted and the jurisdiction in which you were convicted: _____

4. Are you currently released on bail or on your own recognizance for any crime?
Yes _____ No _____

A. If your answer to Question #4 is yes, please describe the crime(s) for which you were charged, the date(s) upon which you were charged and each jurisdiction in which you were charged:

5. Are you willing to be fingerprinted in order that the City may screen you for your criminal background? If you answer "No", you will be disqualified from further consideration for this position.

Yes _____ No _____

DECLARATION

I, _____ hereby declare under penalty of perjury under the laws of the State of California that all information provided above is true, correct and complete to the best of my knowledge. I understand and agree that any false statement, misstatement or omission of material fact will be cause for disqualification from the application process or for immediate discharge from volunteer services, regardless of the lapse of time before discovery.

Applicant Signature

Date

Print or Type Name of Applicant

If a minor (under 18 years of age), parent/guardian please complete the following:

I have read this notice and **will allow** my child to be fingerprinted.

I have read this notice and **will not allow** my child to be fingerprinted, and I understand that he/she will not be allowed to participate as a volunteer.

Signature of Parent/Guardian

Date

Type/Print Name of Parent/Guardian

Telephone Number

VOLUNTEERS IN ACTION

Release of Liability and Assumption of Risk (Adult)

I, _____, desire to participate in the City of La Mirada Volunteers in Action Program ("Volunteers in Action Program"). My participation in the Volunteers in Action Program is voluntary. ***I understand that the Volunteers in Action Program may include, if assigned, sporting and other strenuous physical activities. I understand that while uncommon, serious accidents may occur while participating in the Volunteers in Action Program, and that participants may sustain serious or fatal injuries as a result.***

Knowing these risks, however, I hereby provide the following Release of Liability and Assumption of Risk on behalf of myself, and on behalf of my heirs, personal representative, next of kin, executors, administrators, successors and assigns. All references to "I", "me" or "myself" shall hereinafter mean and include me, and my heirs, personal representatives, next of kin, executors, administrators, successors and assigns.

Workers' Compensation Coverage

I understand, acknowledge and agree, that pursuant to City of La Mirada City Council Resolution No. 04-31, persons performing volunteer services for the City are eligible for workers' compensation benefits while actually performing qualified services. I further understand, acknowledge and agree that any claims for injury, illness or disease that I suffer while performing volunteer services for the City of La Mirada or otherwise participating in the Volunteers in Action Program, must be submitted under the City of La Mirada Workers' Compensation Program (the "City's Workers' Compensation Program"), and that coverage and/or benefits available for any such injuries, illnesses and diseases will be subject any and all provisions of the California Workers' Compensation laws.

I FURTHER UNDERSTAND, ACKNOWLEDGE AND AGREE, THAT THE CITY'S WORKERS' COMPENSATION PROGRAM AND ANY BENEFITS THAT MAY BE AVAILABLE TO ME UNDER THE CITY'S WORKERS' COMPENSATION PROGRAM, SHALL BE MY SOLE AND EXCLUSIVE REMEDY FOR ANY AND ALL INJURIES, ILLNESSES OR DISEASES ARISING OUT OF, IN ANY WAY CONNECTED WITH AND/OR OCCURRING DURING MY PARTICIPATION IN THE VOLUNTEERS IN ACTION PROGRAM.

Release of Liability and Assumption of Risk

In consideration of my participation in the Volunteers in Action Program and in consideration of coverage provided to me under the City's Workers' Compensation Program, I DO HEREBY KNOWINGLY, VOLUNTARILY AND FREELY RELEASE, WAIVE, FOREVER DISCHARGE IN ADVANCE, HOLD HARMLESS, AND COVENANT NOT TO SUE, the City of La Mirada, its officials, officers, attorneys, employees, agents, volunteers, successors and assigns, (hereinafter collectively referred to as the "Releasees"), for and from any and all claims, actions, demands, debts, contracts, liens, expenses, attorneys fees, or causes of action for bodily injury, personal injury, property damage, or wrongful death occurring or arising out of, or in any way other connected with, my volunteer services or my participation in the Volunteers in Action Program, whether the same shall arise by contract, by the negligent act or omission of any person, or otherwise, to the maximum extent permitted by law.

In consideration of my participation in the Volunteers in Action Program, and in consideration of coverage provided to me under the City's Workers' Compensation Program, I HEREBY ASSUME FULL

RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE occurring or arising out of the scope of my volunteer services and/or my participation in the Volunteers in Action Program, whether the same shall arise by contract, by negligent act or omission of any person, or otherwise, to the maximum extent permitted by law.

Defense and Indemnity

I do hereby agree that in the event any claim for bodily injury, personal injury, property damage, or wrongful death arising out of my volunteer services and/or otherwise resulting from or arising out of or connected in any with my participation in the Volunteers in Action Program, shall be prosecuted against the Releasees, or any of them, I SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS the Releasees, and each of them, from any and against any and all such claims, actions or causes of action by whomever or wherever made or presented.

WAIVER OF CALIFORNIA CIVIL CODE SECTION 1542 RIGHTS

I hereby expressly waive all rights under Section 1542 of the Civil Code of the State of California, which states that a "general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

Interpretation

I further expressly agree that the foregoing releases and waivers, indemnity agreement and assumption of risk, are intended to be as broad and inclusive as, and to the maximum extent permitted by, California law.

Reporting of Injuries, Illnesses and Diseases

I hereby agree to report immediately to the City of La Mirada, any and all injuries and illnesses contracted by me in the scope of my volunteer services and/or otherwise arising out of or connected in any with my participation in the Volunteers in Action Program.

Authorization for Medical Aid

By signing this Release of Liability and Assumption of Risk, I further expressly authorize and consent to the provision of emergency medical aid to me, if needed during the Volunteers in Action Program.

I HAVE READ THIS DOCUMENT AND EACH OF THE PROVISIONS SET FORTH HEREIN. I FULLY UNDERSTAND ALL OF ITS TERMS AND SIGNIFICANCE, I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AND MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS HAVE GIVEN UP IMPORTANT LEGAL RIGHTS. I SIGN THIS DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ON BEHALF OF MYSELF, AND ON BEHALF OF MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS.

Printed Name of Adult Applicant

Signature of Adult Applicant

Date

Updated: 4/14/2009