



VOLUNTEER APPLICATION

Duarte City Hall
1600 Huntington Drive, Duarte CA 91010
Hours: Mon – Thurs, 7:30am to 6pm

Phone: (626) 357-7931 Fax: (626) 358-0018
www.accessduarte.com

Please check the programs/areas in which you would like to volunteer:

Volunteer Program:

Recreation Programs

☐ Youth @ Work Volunteer Student Internship

Public Safety Programs

☐ D.A.R.T. *(Please complete attached questionnaire)*

☐ Youthworks *(Please complete attached questionnaire)*

Volunteer Interest:

Recreation: ☐ Youth Sports ☐ Fitness Center ☐ Teen Center ☐ Senior Center

☐ Public Safety

☐ Special Event (please specify) _____

☐ Other (please specify) _____

Name: _____
Last First Today's Date

Address: _____
Number & Street City/State ZIP

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Do you have any limitations related to health or physical ability? If so, please explain:

Do you have a driver's license? ☐ Yes ☐ No _____
DL Number State of Issue Expiration Date

Do you have Auto Insurance? ☐ Yes ☐ No Do you have reliable transportation? ☐ Yes ☐ No

Special Skills/Talents:

Fluent Languages:

Age Range (optional): ☐ 18-25 ☐ 26-35 ☐ 36-50 ☐ 51-65 ☐ 66-75 ☐ 76+

Is your volunteer work required? ☐ Yes ☐ No

If yes, through what organization/school: _____

Why do you want to volunteer for the City of Duarte? _____

Dates Available to Volunteer: From _____ To _____

Days/Hours Available: (example: 8am – 2pm)

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Previous Volunteer or Work Experience: (Attach additional sheets if necessary)

Position: _____ Dates: _____ to _____

Name of Organization: _____

Address: _____
Number & Street City/State ZIP

Name of Supervisor: _____ Title: _____

Phone Number: _____ May we contact this person? ☐ Yes ☐ No

Description of your duties: _____

Position: _____ Dates: _____ to _____

Name of Organization: _____

Address: _____
Number & Street City/State ZIP

Name of Supervisor: _____ Title: _____

Phone Number: _____ May we contact this person? ☐ Yes ☐ No

Description of your duties: _____

List Organizations that you have volunteered for that are not included above: _____

Volunteer Name (Please Print)

**CITY OF DUARTE
VOLUNTEER AGREEMENT**

I hereby certify that all facts set forth in this application are true and complete to the best of my knowledge. I understand that if I become a volunteer, falsified statements made on this application shall be considered sufficient cause of dismissal. I further understand that becoming a volunteer may be contingent upon successful completion of a reference check and/or background investigation, including fingerprinting. I further understand that the City reserves the right to dismiss volunteers at will and that volunteers receive no monetary compensation.

I acknowledge that I have volunteered to perform the volunteer services for the City of Duarte, as specified on the attached application form, to the best of my ability and in a professional manner. I acknowledge that I am not an employee of the City of Duarte, and I may not represent myself as anything other than a volunteer for the City of Duarte.

I acknowledge that as a volunteer I must follow City policies prohibiting discrimination and harassment, be courteous with the public, maintain and exhibit a neat and clean appearance. I understand that in the course of my volunteer work I may obtain or be presented with confidential information. I agree to keep confidential any knowledge I may have relating to any confidential information of any kind. I acknowledge that all documents and other material generated by me as a volunteer are property of the City. If problems arise regarding my schedule or ability to perform services, I will notify the designated City employee as soon as possible.

I acknowledge that as a volunteer I will perform service for the City for civic, charitable, or humanitarian reasons, and without promise, expectation, or receipt of compensation for services rendered. I acknowledge that I serve-at-will and at the pleasure of the City Manager. I do not acquire any right or interest, including but not limited to any property right or interest, in the assignment, position, or task, and I may be terminated from the assignment, position, or task with the City at any time, without notice, without cause, and without appeal.

I acknowledge that as a volunteer I have no authority to bind the City and will not make any representations that I am an employee or agent of the City, and that any business cards issued to me are for the purpose of identification only. I understand that only authorized employees of the City of Duarte are allowed to make statements to the media, and I agree not to make any statements to the media concerning information I have obtained during, or as a result of my volunteer work. I agree not to access or use any resources, including but not limited to letterhead, business cards, or electronic equipment, of the City of Duarte, for unauthorized purposes.

I acknowledge that as a volunteer if I am required to drive either my personal vehicle or a City-leased or owned vehicle for the performance of volunteer services, I must provide proof of insurance and follow the City's vehicle policies, and if I am involved in a non-injury or injury motor vehicle accident while performing volunteer services, I shall report the accident to the City.

I acknowledge that the City's workers' compensation policy and public liability insurance apply to me while I perform authorized volunteer services and that I must report to the City all injuries to me occurring during the performance of such services.

In consideration of the City of Duarte furnishing facilities, supervisors, equipment or expenses, I agree to hold harmless and release the City, its officers and employees, on behalf of myself, my organization, my heirs, assignees, administrators and executors, from any and all rights and claims for damages or injuries to property and/or person which undersigned may sustain or incur as a result of use of or participation in the activities, events or property provided by the City.

Signature of Volunteer

Date

Volunteer Application and supplemental attachments are available for translation into languages other than English per request.

Solicitud de Voluntarios y formas adicionales están disponibles por petición para su traducción a otros idiomas aparte del Inglés.

D.A.R.T.

Duarte Area Resources Team

Duarte Public Safety/Sheriff Satellite Station • 1042 Huntington Dr. Duarte 91010 (626) 359-5671 x. 316 • Fax (626) 303-0694

Qualifications:

To be eligible to participate in the DART Program you must meet the following requirements:

- Must be between the ages of 14 and 19 years old
- Must have a GPA of at least 2.0 or "C" average (if attending school)

1. Do you know what you want to be when you get older? ☐ Yes ☐ No

If yes, what do you want to be when you get older and why? _____

2. What do you want to do immediately after graduation from high school? _____

3. Do you have any work experience? ☐ Yes ☐ No

If yes, list all work experience: _____

4. List three things you are good at: _____

5. Describe what you think your life will be like 10 years from now: _____

6. List all other clubs or organizations you are involved in (including high school sports): _____

7. What are your hobbies/interests? _____

8. How long have you been a member of DART?

☐ New Member ☐ 1 year ☐ 2 years ☐ 3 years ☐ ____ years

9. Do you have a Facebook account? ☐ Yes ☐ No

If yes, would you like to be added to DART's? ☐ Yes ☐ No

10. What size POLO do you wear? _____ What size sweatshirt? _____

Youthworks

Juvenile Work Service Program

Duarte Public Safety/Sheriff Satellite Station • 1042 Huntington Dr. Duarte 91010 (626) 359-5671 x. 316 • Fax (626) 303-0694

Procedures and Expectations

Calendar:

- You must go to all activities on your calendar. Review the calendar to make sure you are able to go to all activities! Treat this as a real job.
- You cannot miss more than two scheduled activities. Upon your missing your third activity, you will be terminated from the program.
- If you will not be able to attend an activity, you must notify your supervisor 24 hours before the activity or penalties will apply. If you forget to call, please call as soon as possible to avoid further penalties.
- Do not go to activities that are not assigned to you.

Time Sheet:

- Your timesheet can only be signed by the supervisors at each activity. Report to them when you arrive and when you leave.
- Be very careful not to lose your timesheet.
- You can submit your timesheet for safekeeping and receive a new timesheet.
- If under the age of 18, your parent/guardian must sign the parental consent in order for your timesheet to qualify.
- When service hours are complete, you must schedule a Youthworks exit interview and submit your timesheet. Youthworks will then stamp it as proof that you have completed your hours.
- You must perform a minimum of ten community service hours per month.

Expectations:

- Work hard, follow directions and keep busy. When finished with a task, ask for a new one.
- Be on time to all activities and call if you will not be able to attend.
- Respect all participants, supervisors, and equipment.
- You must dress appropriately and wear Youthworks shirts to all activities.
- Do not use any profanity.

Penalties:

- Your current grade is an "A". Any problems will result in a lowered grade.
- Anytime your grade changes, your Probation Officer and parent/guardian will be notified.
- If your grade reaches an "F", you will be dropped from the program.

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Offense: _____ Probation Officer: _____ Phone: _____

I _____ understand that I am expected to follow the procedures and expectations outlined above. Violation of these procedures and expectations will be forwarded to my probation officer and can result in expulsion from the program along with notice sent to the court hearing my case. By signing this contract, agree to follow the procedures and expectations of Youthworks to the best of my ability.

Signature of Participant

Date

Juvenile Work Service Program

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Completion Date: _____

[illegible]

[illegible]