



Volunteer Initiative Program

A program of the Volunteer Center and the County of Santa Cruz

Dear Potential Volunteer:

Thank you for your interest in working as a volunteer with V.I.P. and the Santa Cruz County Animal Shelter.

HOW TO FILL OUT THIS FORM: Please download this form either in your browser or in Adobe Acrobat, fill in required information, SIGN IN DESIGNATED AREAS, save and upload to Get Connected.

Necessary paperwork includes:

- ☐ **Volunteer Application**
- ☐ **Volunteer Agreement & Release of Liability**
- ☐ **Volunteer Contract Agreement**

Supplemental Information:

✓ Fingerprinting Procedure *This is necessary only if you will be volunteering with money, minors or confidential documents. Most Animal Shelter volunteers DO NOT need fingerprinting,*

If you have any further questions please call or email. Thank you,

Susan Ryder
VIP Program Coordinator
susan.ryder@santacruzcounty.us
(831)427-5070x133

VOLUNTEER APPLICATION
Volunteer Initiative Program
County of Santa Cruz

Name: _____ DOB : _____
Home Address: _____ Phone: _____
City: _____ Zip: _____ email: _____
Are you 18 years of age or older? Yes ☐ No ☐

Availability: Hours per day: _____ Preferred Days (Please Circle): MON TUE WED THU FRI SAT SUN

Preferred Time of Day: ☐ Mornings ☐ Afternoons ☐ Evenings

Length of commitment you seek: ☐ Less than 3 months ☐ 3-6 months ☐ 6-12 months ☐ As long as needed

What are your goals for a volunteer position right now?

Are you currently a student? If so, what school are you attending?
☐ Elementary/Jr. High: _____ High School: _____
☐ College: _____ Major: _____
Do you have Community Service Hours assigned by the Court? ☐ Yes ☐ No

Are you, or have you ever been, an employee of the County of Santa Cruz? ☐ Yes ☐ No
If yes, with what department? _____

Emergency Contact: _____ Relationship: _____
Work Phone: _____ Home Phone: _____

I hereby certify that all statements made in this application are true, and I authorize investigation of all matters contained in this interest form. I am aware that fingerprinting is required for all volunteer assignments that have access to children, confidential material or money. I understand that this is a non-paid position with no promise, expressed or implied, of consideration for future employment.

Signature of Applicant: X _____ Date: _____

Signature of Parent/Guardian: X _____ Date: _____

(If Applicant is under the age of 18)

The following information is voluntary and it will help our program evaluate its recruitment practices and compile required statistical reports. The information will not be used to discriminate against, or give preference to, any individual in any volunteer position. Thank you for your cooperation.

1. How did you hear about this program: ☐ Newspaper ☐ Website ☐ Flier ☐ Other

2. Ethnic Origin: ☐ Caucasian/White ☐ Native American/Alaskan Native ☐ African American/Black
☐ Asian/Pacific Islander ☐ Latino/Hispanic ☐ Decline to state

Volunteer Initiative Program

A Program of the Volunteer Center and the County of Santa Cruz VOLUNTEER AGREEMENT AND RELEASE OF LIABILITY

The Volunteer Initiative Program ("VIP") is a volunteer program created by the Volunteer Center of Santa Cruz County ("Volunteer Center") and the County of Santa Cruz ("County") in order to provide volunteer opportunities to the community. Participation with the County's Volunteer Initiative Program is strictly voluntary and bound by the terms of this Agreement. No person may volunteer with the County's Volunteer Initiative Program prior to the County's volunteer Initiative Programs receipt of this completed Agreement.

1. By signing this Agreement I, _____, acknowledge that I am not an employee of the County or the Volunteer Center and that my performance of voluntary services will be uncompensated. I agree to cooperate with my volunteer supervisor and adhere to the policies of the county's Volunteer Initiative Program at all times in the performance of my volunteer services.
2. I agree that I will not use power equipment, or stand on any object taller than two (2) feet tall, or otherwise engage in dangerous activities while volunteering with the County's Volunteer Initiative Program.
3. I will not drive any County vehicle in connection with my volunteer services.
4. I am aware that fingerprinting is required for all volunteer assignments related to minors, money or confidential materials.
5. I hereby agree to release and hold harmless the County and the Volunteer Center, their officers, agents, employees, and volunteers for any claim for personal injuries and damage to property that I, or anyone under me or on my behalf, may incur arising out of or in any manner related to the performance of my voluntary service or participation with the County's Volunteer Initiative Program. I further agree to indemnify, hold harmless and defend the County and the Volunteer Center, their officers, agents, employees, and volunteers from any and all claims, demands, actions, judgments, costs, attorney's fees and damages of any kind for liability which the County may incur arising out of or in any manner related to the performance of my voluntary services or participation with the County's Volunteer Initiative Program.
6. While participating as a volunteer with the County's Volunteer Initiative Program, I hereby authorize the taking of my picture, by photograph, movie, or videotape or otherwise ("pictures") for use by the County's Volunteer Initiative Program. I hereby irrevocably consent to and authorize the use and reproduction of such pictures for use by the county's Volunteer Initiative Program without compensation.
7. As a County's Volunteer Initiative Program volunteer, I understand that I am covered by the County of Santa Cruz Liability and Worker's Compensation insurances, should I be injured while volunteering in assigned duties that are consistent with the safety rules outlined in this agreement. I will report any injuries immediately to my volunteer supervisor, the County's Volunteer Initiative Program office at (831)454-2987 and Risk Management at (831)454- 2253

Name: _____
Address: _____
Telephone: _____
Emergency Contact: _____

Department: _____
City & Zip _____
Email: _____
Emergency Telephone: _____

Signature: _____

Date: _____

IF VOLUNTEER IS UNDER 18, PARENT OR GUARDIAN MUST SIGN BELOW

I, _____, on behalf of my child, myself, and our representatives, do hereby consent to allow my child, _____, to participate as a volunteer with the County's Volunteer Initiative Program, subject to all of the conditions above. I further expressly agree, on behalf of my child, myself, and our representatives, to all of the terms and conditions above, including but not limited to paragraphs 1 through 7.

Signature of Parent/Guardian: _____ Date: _____

VOLUNTEER CONTRACT AGREEMENT

Volunteer Initiative Program

*Contract must be completed before volunteer begins assignment
County of Santa Cruz*

Volunteer Name: _____ **Phone Number:** _____
Volunteer Supervisor: _____ **Phone Number:** _____
Department/Division: _____ **Address/Rm:** _____
Project Title: _____ **Volunteer Title:** _____

Volunteer Supervisor Responsibilities

- Complete any legal requirements (background check, fingerprinting, etc.) before volunteer starts
- Provide initial and ongoing training and supervision
- Complete contract with volunteer and return to VIP Program Coordinator
- Inform the VIP Program Coordinator at (831) 454-2987 and Risk Management at (831) 454-2253 of any injuries occurring while the volunteer is on assignment
- Contact VIP Program Coordinator regarding any problems during the contract period
- Inform VIP Program Coordinator if volunteer vacates position
- Log in volunteer hours on timesheets provided
- Return volunteer timesheets to VIP Program Coordinator at the end of each month
- Arrive to assignment on time; inform supervisor if you will be late or absent
- Fulfill time commitment, as listed below
- Contact VIP Program Coordinator at (831) 454-2987 and Risk Management at (831) 454-2253 of any injury occurring while on volunteer assignment
- Contact VIP Program Coordinator when (or before) leaving position

Work Schedule: **Start Date:** _____ **End Date:** _____ (not to exceed 1 yr.)

Estimated Hours per Month: _____

As a Volunteer Initiative Program volunteer, I understand that I am covered by the County of Santa Cruz Liability and Worker's Compensation insurances, should I be injured while volunteering in assigned duties that are consistent with the safety rules outlined in this agreement. I will report any injuries immediately to your volunteer supervisor, the County's Volunteer Initiative Program office at (831) 454-2987 and Risk Management at (831) 454-2253.

Volunteer Signature: X _____ **Date:** _____

I understand and agree to the responsibilities expected of me as a volunteer supervisor and understand that volunteers are covered under the insurance purchased by the County.

Volunteer Supervisor Signature: X _____ **Date:** _____