



## AREAS OF INTEREST

Select one of the following: Volunteer  Intern

Please check the area of City Government that you would like to volunteer or intern in:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> City Attorney        | <input type="checkbox"/> City Clerk                           | <input type="checkbox"/> City Manager         |
| <input type="checkbox"/> City Treasurer       | <input type="checkbox"/> Community Development                | <input type="checkbox"/> Community Services   |
|   | <input type="checkbox"/> Building                             | <input type="checkbox"/> Building Maintenance |
|   | <input type="checkbox"/> Code Enforcement                     | <input type="checkbox"/> Fleet Services       |
|   | <input type="checkbox"/> Economic Development                 | <input type="checkbox"/> Housing              |
|   | <input type="checkbox"/> Planning                             | <input type="checkbox"/> Library              |
|   |   | <input type="checkbox"/> Older Adult Services |
|   |   | <input type="checkbox"/> Park Maintenance     |
|   |   | <input type="checkbox"/> Recreation           |
|   |   | <input type="checkbox"/> Street Maintenance   |
| <input type="checkbox"/> Finance              | <input type="checkbox"/> Fire                                 |   |
| <input type="checkbox"/> Human Resources      | <input type="checkbox"/> Information Systems                  | <input type="checkbox"/> Police               |
| <input type="checkbox"/> Benefits             | <input type="checkbox"/> Data Processing                      |   |
| <input type="checkbox"/> Personnel            | <input type="checkbox"/> GIS                                  |   |
| <input type="checkbox"/> Risk & Safety        | <input type="checkbox"/> Office Automation                    |   |
| <input type="checkbox"/> Workers' Comp        |   |   |
| <input type="checkbox"/> Engineering Services | <input type="checkbox"/> Utilities                            |   |
|   | <input type="checkbox"/> Escondido Canal                      |   |
|   | <input type="checkbox"/> Lakes                                |   |
|   | <input type="checkbox"/> Recycled Water                       |   |
|   | <input type="checkbox"/> Recycling & Waste Reduction          |   |
|   | <input type="checkbox"/> Stormwater Management                |   |
|   | <input type="checkbox"/> Wastewater / Collection              |   |
|   | <input type="checkbox"/> Wastewater / Treatment – Reclamation |   |
|   | <input type="checkbox"/> Water / Administration – Treatment   |   |
|   | <input type="checkbox"/> Water / Field Operations             |   |

What are your objectives for participating in a volunteer / internship program?

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What type of work would you like to do during your volunteer / internship opportunity?

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Do you have any special needs that would assist or hinder your performance as a volunteer / intern?

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Please indicate the days and times you are available to volunteer / intern:

	M	T	W	Th	F	Sat	Sun
Morning							
Afternoon							
Evening							

Please list brief employment/volunteer history:

**Job Title**

**Place of Work**

**# of years**

1. \_\_\_\_\_

2. \_\_\_\_\_

Please list two references (excluding family):

**Name/Relationship**

**Address**

**Phone (work and home)**

1. \_\_\_\_\_

2. \_\_\_\_\_

Emergency Contact Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**We will contact you when we match your interests with the appropriate department.**

**Please sign the attached Participation Agreement**

**&**

**Return Volunteer / Internship Application and Participation Agreement to:**

City of Escondido - Human Resources Department

201 North Broadway

Escondido, CA 92025

Official Use Only

Interviewed On: \_\_\_\_\_ By: \_\_\_\_\_

Name

Title

Reference Checks Completed By: \_\_\_\_\_

Name

Title

Live Scan Completed On: \_\_\_\_\_

Volunteer/Intern Signed Mandatory Forms On: \_\_\_\_\_

**Release, Waiver, Assumption of Risk, Indemnification & Hold Harmless**

## Volunteer & Intern Program Participation Agreement

**Release and Waiver:** In consideration for the opportunities provided by the City and to the greatest extent allowed by law, I hereby waive, release, relinquish and discharge any and all claims and causes of action against the City of Escondido, its councilmembers, officers, employees, and agents (collectively "City") for personal injury, accidents or illnesses (including death), and property loss, arising from, or related to, my City internship or volunteer participation; except I do not waive, release, relinquish or discharge the City for gross negligence or willful misconduct. I make these representations myself, and on behalf of my personal representatives and others who may act on my behalf. Nothing in this document waives any rights related to required workers compensation coverage.

**Assumption of Risks:** I understand that certain volunteer opportunities involve physical activity. Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Participation as a volunteer/intern may expose me to a wide variety of dangerous conditions or occurrences that may be encountered during my chosen volunteer/intern activity. **I know, understand, and appreciate these and other risks that are inherent to volunteer/intern opportunity.** Participation in any physical activity is not required and cannot be implied or expected by the City of Escondido or by any of its supervisory personnel. I hereby assert that my participation is fully voluntary and that **I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree, to the greatest extent allowed by law, to **INDEMNIFY AND HOLD the City HARMLESS** from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought arising out of or as a result of my involvement as a volunteer/intern and to reimburse the City for any such expenses incurred.

**Severability:** I expressly agree that the foregoing release, waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance of this agreement shall, notwithstanding, continue in full legal force and effect.

**Voluntary Participation:** The City of Escondido Volunteer / Internship Program is voluntary. The information provided on this application is accurate to the best of my knowledge. I give my permission to any persons named in the application to provide any relevant information they may have to the City of Escondido or its agents for use in deciding whether or not to offer me work as a volunteer / intern for the City. I agree to be Live-Scanned at the Escondido Police Department at no expense to me. I understand I may be required to submit to a Criminal Background Check and other background checks. I understand that if I am accepted I will be expected to follow a mutually acceptable work schedule and to notify my supervisor promptly if I am unable to work as scheduled. I understand that I will be expected to perform my assigned tasks in a businesslike and efficient manner, and that my volunteer / internship assignment may be terminated at any time. I understand that I will not be paid for my services as a volunteer and I may not wear a City uniform or otherwise project an image of representing the City in any capacity without express permission or under the direct supervision of a City employee. I authorize the City to take, use, publish or disseminate video or photographs of me when related to my City volunteer/intern participation without further authorization.

**Acknowledgment of Understanding:** I have read the above Release and Waiver, Assumption of Risks, Indemnification and Hold Harmless, and Voluntary Participation provisions, fully understand their terms, and **understand that I am giving up substantial rights, including my right to sue.** I am aware the City of Escondido does not carry insurance to cover participants in the activities in which I am participating. I acknowledge that I may choose to not participate in any physical or potentially hazardous activity related to my volunteer/intern opportunity. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature\* (if under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian printed Name, Address and Phone Number:** \_\_\_\_\_