

**GOLD COUNTRY COMMUNITY SERVICES, INC.**  
**841 Old Tunnel Rd. | PO Box 968, Grass Valley, CA 95945**  
**Ph (530)273-4961 \* Fx (530)273-0785**

**VOLUNTEER APPLICATION**

All information in this document is confidential. Please print.

Date: \_\_\_\_\_ What Position are you Applying For? \_\_\_\_\_

Name/Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
(Use legal name)

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Male / Female Date of Birth: \_\_\_\_\_ Physical Limitations: \_\_\_\_\_  
(Circle One) (Month/Day) (Be specific; if none, write none)

**EDUCATION, EMPLOYMENT, VOLUNTEER AND LIFE EXPERIENCE**

Education (highest level): \_\_\_\_\_ Name of School: \_\_\_\_\_

List Your Job Experiences:

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Interests, Skills, Hobbies: \_\_\_\_\_

Clubs, Organizations you Belong To: \_\_\_\_\_

Have you Volunteered Before? Yes  No  Agency: \_\_\_\_\_

Position/Duties \_\_\_\_\_

May We Contact the Agency? Yes  No  Phone: \_\_\_\_\_

**YOUR AVAILABILITY**

How many hours per Week/Month can you commit to? \_\_\_\_\_

Preferred Days: \_\_\_\_\_ Time Preference: \_\_\_\_\_

May we contact you about upcoming events and other GCCS volunteer opportunities? Yes  No

GCCS acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

**REFERENCES (PERSONAL OR PROFESSIONAL; NOT A RELATIVE)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**EMERGENCY CONTACT AND INSURANCE BENEFICIARY**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

**DRIVING INFORMATION**

If you are volunteering for a position that requires driving, GCCS requires a valid driver's license, current DMV driver's record printout, and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one? Yes  No  (If yes, provide your insurance information below.)

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you? Yes  No  If yes, please explain below. (Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities. In some cases, volunteers may be asked to submit a criminal background check)

**CERTIFICATIONS**

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to GCCS to conduct reference checks to determine my suitability for placement. I hereby release all parties from any liability for furnishing this information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL CONSENT (to be completed if applicant is under 18 years of age)**

I give my consent for my child, named on page one of this application, to provide volunteer services to GCCS. I also give GCCS my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_

**GOLD COUNTRY COMMUNITY SERVICES**  
**VOLUNTEER WAIVER, RELEASE, AND INDEMNITY AGREEMENT**

This document sets forth the responsibilities and understandings of \_\_\_\_\_, hereinafter referred to as the “volunteer” and of Gold Country Community Services, hereinafter referred to as “GCCS”, regarding volunteer’s participation in volunteer programs partially or wholly coordinated by GCCS.

The volunteer and GCCS agree as follows:

1. The volunteer performs the service of the volunteer’s own free will, without promise, expectation, or receipt of remuneration. The volunteer is not an employee or agent of GCCS.
2. If the volunteer is under the age of 18, the volunteer may only participate in volunteer service with the express written consent of the volunteer’s parent or guardian.
3. The volunteer understands and agrees that it is possible that the volunteer may be injured or otherwise harmed during volunteer service due to accidents, acts of nature, the volunteer’s negligent or intentional acts, or the negligent or intentional acts of others; that while GCCS has taken some steps to reduce the chances of injuries or harm to the volunteer, that GCCS has no control over most risks, and, thus, cannot and does not guarantee nor take any responsibility for the safety of the volunteer or the volunteer’s property while the volunteer is engaged in volunteer service; and that the volunteer must take full responsibility for himself or herself and assume the risk of harm or damage while serving by taking all necessary and reasonable precautions and acting in a manner that will help protect himself or herself and his or her property.
4. The volunteer agrees to waive and release GCCS and property owner from any and all potential claims for injury, illness, damage, or death which the volunteer may have against GCCS and property owner that might arise out of the volunteer’s service and to hold GCCS and property owner harmless there from.
5. The volunteer agrees and understands that injuries or losses to others, such as co-workers or the person(s) being helped, may occur as a result of the volunteer’s negligent or intentional acts during volunteer service, and that to avoid such harm, the volunteer must exercise care and act responsibly in serving others.
6. If any injury or loss to another does occur due to the volunteer’s intentional actions or due to volunteer’s negligent actions arising outside of the scope of the volunteer’s activities, the volunteer must accept the liability for and repair, or make reparations for, the harm done.
7. GCCS is not providing the volunteer with insurance coverage for any injuries, conditions, or losses to the volunteer arising out of volunteer activities, except as follows:
  - a. You are covered for medical costs beyond your health insurance and/or Medicare in the event you are injured while performing your volunteer duties; up to \$50,000(policy stipulations apply).
  - b. You do have accidental death insurance which would be paid to your named beneficiary up to \$50,000(policy stipulations apply).
  - c. If you drive your own car while performing your volunteer duties, you must carry liability insurance. GCCS provides additional (“excess”) insurance for any liability claim against you beyond what your own coverage pays, up to \$1,000,000.

8. The volunteer must maintain his or her own primary medical insurance and the volunteer's own automobile liability insurance when driving a non-GCCS vehicle to cover potential medical and other costs related to the volunteer service; and the volunteer is also encouraged to maintain property and life insurance coverage while serving as a volunteer.
9. In projects where the volunteer will be transporting others in a non-GCCS owned vehicle, the volunteer may be required to provide proof of automobile insurance in order to participate.
10. Since volunteers are not GCCS employees, GCCS does not provide worker's compensation coverage for injuries or illnesses to the volunteer arising out of volunteer activities.
11. In legal actions in which GCCS provides your defense, GCCS will pay for reasonable attorney fees, judgments, settlements, or other expenses directly related to your defense only up to the limits presently stated in the appropriate State statutes, one time only per volunteer. GCCS will control the defense and you must reasonably cooperate and comply with GCCS decisions and procedures.

By signing below, the parties confirm that they have read, understand, and consent to the terms of this waiver agreement.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
*(if applicant is under 18 years of age)*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
GCCS Representative Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date