

ARE YOU READY TO MAKE AN IMPACT



VOLUNTEER AT THE PAL TEEN CENTER!

As a youth serving organization in California, Fairfield PAL is obligated to conduct an FBI background check as part of the volunteer process and require all volunteers to complete a 2-hour mandated reporter training prior to volunteering.

(The State has begun charging a fee for the required mandated reporter certificate. Until another option is available, we are accepting screenshots of the completed training to avoid the fee. The program will cover the rest of the background fees.)

for more info :
PLEASE CALL

707-249-1379

VOLUNTEER AT THE FAIRFIELD PAL TEEN CENTER!

VOLUNTEERING WITH FAIRFIELD PAL CAN HELP YOU MAKE FRIENDS, LEARN NEW SKILLS, ADVANCE YOUR CAREER - EVEN FEEL HAPPIER AND HEALTHIER.

AND YOU CAN BE THE ROLE MODEL A TEEN WILL REMEMBER FOREVER! VOLUNTEER WITH FAIRFIELD PAL AND IMPACT HOW LOCAL TEENS SEE THEMSELVES—AND OUR COMMUNITY!

INTERNSHIP AND COLLEGE CREDIT MAY ALSO BE AVAILABLE.

California Senate Bill 506 imposes new requirements to volunteer with youth that includes an FBI background check and Mandated Reporter Certification.

Mandated reporters are individuals who are mandated by law to report known or suspected child maltreatment. Mandated reporters are required by the state of California to report any known or suspected instances of child abuse or neglect to the county child welfare department or to a local law enforcement agency (local police/sheriff's department). No proof of abuse or neglect is needed, only "reasonable suspicion" that child abuse or neglect may have occurred.

The process to become a PAL Volunteer

1. Attend a PAL Volunteer Orientation and complete the application packet.
2. Complete the 2-hour Volunteer Mandated Reporter training on mandatedreporter.ca.com. (Please note: the State now charges for the certificate. The training is FREE. To avoid the fee, please send us a screenshot with your name and confirmation that you have successfully completed the training.)
3. Complete an Applicant Processing Form and have a background check (fingerprints) done at the Fairfield PD. Drop-in hours are available, or you may call the Records Department at 428-7300 to make an appointment. Please use our form. It will streamline the process and allow us to pay the fingerprinting fee for you.
4. Please note all volunteers will need to sign in and out when entering and leaving the center and work with a partner while at PAL.

OPTIONAL STEP

Please view the Alive & Free introduction and agree to join us in keeping PAL member's Alive & Free.

You can watch the video at any time at <https://www.youtube.com/watch?v=9UJ4OPcaeq4&t=3s> (For more information, about Alive & Free, please visit <https://styaliveandfree.org>.)



**Voluntary Release - Waiver of Liability
Short Term Project Volunteer Program
CITY OF FAIRFIELD, Volunteer Program
1000 Webster Street, Fairfield, CA 94533-4883
(707) 428-7767**

I understand that my participation in this Volunteer Program will consist of assisting city staff and may include activities such as: _____

These activities may contain certain inherent dangers and risk of injury or death, which may include, but are not limited to, _____, which I appreciate and voluntarily assume, because I choose so to do. **I voluntarily elect to accept all risks** connected with my participation in this activity. _____ (Initial)

In consideration of the acceptance of my participation in the City of Fairfield's Short Term Volunteer Program, I for myself, my heirs, executors, administrators and assigns hereby waive, release, and discharge and agree not to sue the City of Fairfield, their agents, representatives, officers, employees, and volunteers (hereinafter collectively referred to as "CITY") from injury, death or damage to or loss of personal property arising out of or in connection with my volunteer assignment. Further, I, for myself, my heirs, executors, administrators and assigns, hereby agree to hold City harmless and indemnify City from any and all claims, demands, actions or suits arising out of or in connection with my volunteer assignment.

I have read and will abide by all of the City of Fairfield's safety regulations, rules, and policies while performing tasks related to this project.

I have carefully read this release, indemnification, hold harmless and agreement not to sue and fully understand its contents. I am aware that by signing it I am giving up legal rights. I understand this is a release of all liability and I have signed it of my own free will.

I further understand that I will not be covered for workers' compensation by the City of Fairfield while I am performing my volunteer duties related to this project. I am able to perform the duties as explained to me.

Date Signature of Applicant

Age Name of Applicant (Please Print)

Parent/Guardian Signature (If participant is under 18)

CITY OF FAIRFIELD

NAME: _____
PLEASE PRINT

SUPPLEMENTAL QUESTIONNAIRE SUPPLEMENTAL APPLICATION FORM

EMPLOYEE OR VOLUNTEER BEING CONSIDERED FOR A POSITION INVOLVING SUPERVISION OR DISCIPLINARY AUTHORITY OVER ANY MINOR

California Public Resources Code ("PRC") § 5164 prohibits the City of Fairfield from hiring a person for employment or engaging a volunteer to perform services at any park, playground or recreational center used for recreational purposes in a position having supervisory or disciplinary authority over any minor, if the person has been convicted of certain crimes under the California Penal Code, as specified in Health and Welfare Code § 15660(a). PRC § 5164 requires that each prospective employee or volunteer complete an application that asks if the person has been convicted of any of the specified offenses. In addition, the code section provides for a criminal background check, which requires fingerprinting.

Since you are a candidate for employment or volunteer service covered by PRC § 5164, please answer the following supplemental questions:

1. Have you ever been convicted of any crime? 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:

2. Have you ever been convicted of violation or attempted violation of any of the statutes specified in Health and Welfare Code § 15660(a), including 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 _____

In relevant part, the statutes specified in § 15660(a) are "violation or attempted violation of Section 243.4 of the Penal Code [sexual battery], a sex offense against a minor, or of any felony which requires registration pursuant to Section 290 of the Penal Code" and those where a "person has been convicted or incarcerated within the last 10 years as the result of committing a violation or attempted violation of Section 273a, 273d, or subdivision (a) or (b) of Section 368, of the Penal Code [involving certain harms to minors and elders], or as the result of committing a theft, robbery, burglary, or any felony."

PLEASE SIGN and COMPLETE BACK SIDE

A. If your answer to question 2 is yes, please describe the crime for which you were convicted, the date of conviction and the 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 is yes, please describe the crime for which you were charged, the date upon which you were charged and the 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? Yes _____ No _____

DECLARATION

I, _____ hereby certify that all information provided above is true, correct and complete to the best of my knowledge. I understand and agree that any misstatement or omission of material fact will be cause for disqualification from the application process or for immediate discharge from employment or volunteer service, regardless of the lapse of time before discovery.

Employee/Volunteer Applicant Signature

Date

Parent or Guardian Signature if
Employee/Volunteer Applicant is a Minor

Date



Volunteer Application
CITY OF FAIRFIELD, Volunteer Program
Mailing Address: 1000 Webster Street,
Fairfield, CA 94533-4883
(707) 428-7767

Please Print		
Name _____		Date _____
Address _____		Home Phone () _____
Zip _____		Work Phone () _____
Email Address _____ Pager # () _____ Cell Phone # () _____		
Date of Birth _____		Gender <input type="checkbox"/> M <input type="checkbox"/> F
*Drivers License Number _____		*Social Security # _____
Employer's Name _____ Address _____ Phone # _____		
Education (<i>Please circle last year completed</i>) <input type="checkbox"/> High School 9 10 11 12 <input type="checkbox"/> College 1 2 3 4 <input type="checkbox"/> Graduate School, Degree in: Name and location of College or University? _____		
Special training, licenses, professional registration, and skills: _____		
Fluent languages (<i>other than English</i>): Language: _____ Read? <input type="checkbox"/> Y <input type="checkbox"/> N Speak? <input type="checkbox"/> Y <input type="checkbox"/> N Write? <input type="checkbox"/> Y <input type="checkbox"/> N		
Employment Category: I am presently (<i>Check as many as apply</i>) <input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Retired <input type="checkbox"/> Temporarily unemployed <input type="checkbox"/> Part time student <input type="checkbox"/> Homemaker <input type="checkbox"/> Self employed <input type="checkbox"/> Looking for work <input type="checkbox"/> Full time student		
How did you hear about our Volunteer Program? _____		
Why do you want to do volunteer work (<i>Example: gain new or improve old skills, meet new people, school credit</i>) _____		
Emergency contact: Name _____		Relationship _____
Address _____		Telephone # () _____

*Required Information

Please complete the back side of this application.

Time available for volunteer work:

____ Hours per day
(number of hours)

____ Times per week
(number of times)

In which general areas are you interested in spending your time? (Please check as many as apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Working w/ seniors | <input type="checkbox"/> Police/Fire Department | <input type="checkbox"/> Cultural arts |
| <input type="checkbox"/> Recreation/sports | <input type="checkbox"/> Volunteer program events | <input type="checkbox"/> Outdoor/park projects |
| <input type="checkbox"/> Working with children | <input type="checkbox"/> Seasonal special events | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> On-call clerical | <input type="checkbox"/> Historical/record keeping | |
| <input type="checkbox"/> Short term projects | <input type="checkbox"/> Office work | |

Do you have Community Services Hours assigned by the Court YES NO # of hours _____

Have you ever been convicted of a crime at any time since your 18th birthday? Include felony or misdemeanor or any traffic violations for which the fine was \$50.00 or more, whether paid or suspended, and offenses of which you were convicted and placed on probation, or any military court martial. You are not required to list a record which has been expunged. Conviction of a crime is not an automatic bar to placement, but an untrue answer **will** disqualify you. _____

I hereby certify that all statements made in this application are true, and I authorize investigation of all matters contained in the application. I acknowledge that any false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during my placement. I am aware that finger printing will be required before placement in the Police, Fire and certain other departments. I know of no physical limitations which would preclude my accepting a volunteer position. I understand this is a non-paid position with no promise, expressed or implied, of consideration for future employment.

Signature of applicant: _____ Date: _____

Signature of parent or guardian if volunteer is a minor: _____