



SENIOR LIVING HISTORY VOLUNTEER APPLICATION

Community Services Department

P.O. Box 520 – 200 Old Bernal Avenue – Pleasanton, California 94566

All volunteers may be subject to fingerprint clearance and TB testing.

Name _____ Date _____

Address _____ City _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Email _____

Month and Day of Birth _____

Circle the highest grade of school you have completed: 1 2 3 4 5 6 7 8 9 10 11 12 or More

High School Grad.: ___ Yes ___ No If no, passed High School Equivalency Test: ___ Yes ___ No

Name and Location of College or University _____

Degree _____ Special Training/Licenses _____

Have you ever been convicted of a felony or misdemeanor? ___ Yes ___ No

List all convictions (including date and name and location of court where convicted) after your 18th birthday (a "yes answer is not an automatic bar to placement, but an untrue statement will disqualify you. If yes, please explain fully.)

SUBJECT OF YOUR TALK (please print clearly):

EMERGENCY CONTACT INFORMATION

People to contact in Case of Emergency:

Name: _____ Cell Phone _____

Relationship: _____ Work Phone _____

Name: _____ Cell Phone _____

Relationship: _____ Work Phone _____

Physician: _____ Phone _____

Address: _____ Medical Plan: _____

Special Medical Needs/Accommodations: _____

Medications/Allergies: _____

Office Use Only			
Date Received _____	Volunteer Contacted _____	Placement _____	
Waiver Signed _____	TB Cleared _____	Fingerprint Cleared _____	Staff _____

All applicants must sign the Wavier, Release and Assumption of Risk; Consent and Waiver for Use of Sound Recording, Image and Likeness.

**City of Pleasanton
WAIVER, RELEASE AND ASSUMPTION OF RISK
CONSENT AND WAIVER FOR USE OF SOUND RECORDING,
IMAGE AND LIKENESS**

The City of Pleasanton ("City") is sponsoring the following activity:

I voluntarily agree to my participation in this activity. I am physically fit to participate in this activity. I understand that this activity involves risks and that serious injuries could occur while I am participating in this activity. In addition, if transportation is provided to the activity, serious injuries could occur. Knowing these risks, I want to participate in this activity.

I acknowledge and consent that photographs and other pictorial works, motion pictures, videos, and other audiovisual works, sound recordings, musical works, dramatic works, and/or pantomimes and choreographic works of or made by me ("Works") may be made during the activity, and that my voice, image, and likeness may be recorded and reproduced in the Works and related informational and/or promotional material ("Related Materials"). I also acknowledge and consent to my name being identified in the Works and Related Materials, and that the Works and Related Materials may be publicly promoted and distributed in many ways, including, but not limited to, the City's website, brochures, and flyers.

I acknowledge and consent that I will not be compensated for the Works and Related Materials, the City exclusively owns all rights to the Works and Related Materials, and the City may use them at its discretion.

I hereby assume the risk, and hereby waive, release and hold harmless the City, its officials, employees, agents, sponsors, promoters, and assigns of this activity, for any and all claims, liability, cost, expense, including attorneys' fees, or cause of action for defamation, invasion of right to privacy, publicity, or personality or any similar matter which I or my heirs, assigns, executors or administrators may have or which may accrue to me, arising out of my participation in this activity, including transportation to or from the activity or the use of the Works and Related Materials.

I have read the above, understand that important legal rights are being waived, and sign it freely and voluntarily.

Date Signature of Volunteer _____
Print Name of Volunteer Volunteer age