MARIN VILLAGES
VOLUNTEER APPLICATION FORM

Name _____

Address _____City_____Zip _____

Email _____ Date of Birth: _____

Phone _____ Cell _____

LOCAL VILLAGE AFFILIATION (CHECK ONE):

____ MILL VALLEY ____NOVATO ____ROSS VALLEY ____SAN RAFAEL ____TIBURON PENINSULA ____TWIN CITIES

Please tell us what you might like to do in your volunteer capacity. Check all that apply:

☐ Companionship Visits/Phone Calls

☐ Computer/Technology Assistance *(computer/tablet/phone/printer/other)*

☐ Drive/Provide Rides *(medical appointments, groceries, events, etc.)*

☐ Errands/Shopping *(meal delivery, pick up rx, groceries, etc.)*

☐ Gardening *(watering plants, raking leaves, planting flowers, etc.)*

☐ Handyman/Simple Fixes *(change batteries/light bulbs, hanging pictures, fixing leaky faucets, etc.)*

☐ Home Organizing/Decluttering

☐ Office Help/Paperwork (*filing, sorting, reviewing mail/records*)

☐ Pet Care/Dog Walking *(walk/feed/help with meds/litter box)*

☐ Walking Companion *(friendly walks around the neighborhood)*

☐ Special Requests Other: _____

☐ Local Village Support (*Steering committee/leadership*)

☐ Marin Villages Support (*administrative support, projects/events*)

Special training or skills I can share: _____

_____

In case of emergency, please notify:

Name _____ Phone _____

Relationship _____

Revised 5-12-21

MARIN VILLAGES VOLUNTEER AND CONFIDENTIALITY AGREEMENT

By submitting this application, I affirm that the facts set forth in it are true and complete. As a Marin Villages volunteer, I agree to the following:

1. I agree to conform to all Marin Villages' policies, rules and procedures.
2. I understand that if I am accepted as volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in immediate termination of my service as a volunteer.
3. I will offer my time without monetary compensation.
4. I authorize Marin Villages' to contact my references and perform a background check, including my driving record and any criminal records. I understand that all such information collected in my background check will be kept confidential. Any references contacted have my permission to provide their candid evaluation of my suitability for the described volunteer work.
5. As consideration for volunteering for Marin Villages, I agree to indemnify Marin Villages against and hold it harmless from all loss and expense arising out of any act, neglect or fault on my part in the course of volunteering. I further agree that I, my assignees, heirs and legal representatives will not make any claim against or sue Marin Villages, its officers, directors, employees, agents or contractors for injury or damage resulting from my act, neglect or fault as a volunteer. I HEREBY RELEASE AND DISCHARGE MARIN VILLAGES AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS OR DEMANDS THAT I, MY ASSIGNEES, HEIRS AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY, ILLNESS (INCLUDING COMMUNICABLE DISEASE) OR DAMAGE RESULTING FROM MY VOLUNTEERING. I FURTHER UNDERSTAND THAT, IF I AM INJURED OR BECOME ILL IN THE COURSE OF OR RESULTING FROM MY VOLUNTEER WORK FOR MARIN VILLAGES, I AM NOT COVERED BY ANY WORKERS' COMPENSATION PROGRAM AVAILABLE TO MARIN VILLAGES EMPLOYEES.
6. As a Marin Villages volunteer I understand that it is imperative to protect the confidentiality of all information pertaining to any Marin Villages member, nonmember or other volunteer or client associated with Marin Villages, and that any unauthorized possession, use, copying, reading or disclosure of applicable records, ledgers or files is prohibited and grounds for immediate termination of my service as a volunteer.
7. I hereby authorize Marin Villages to use any photographs taken of me while I am engaged in Marin Villages activities on its website and in publications and to release such photographs for publication in newspapers, magazines, and other printed materials without notice or compensation to me, my heirs or assigns. I further understand that my consent to such release extends to the use of such photographs by any local village affiliated with Marin Villages.

Signature _____

Print Name _____Date _____

Your signature confirms that you understand and accept the terms of this Volunteer and Confidentiality Agreement set forth above. You also understand that Marin Villages is not obligated to use your services and that if you are offered a volunteer position, you are not obligated to accept it. The information you have submitted will not be given to any other parties without your permission.

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 Marin Villages. I also give Marin Villages 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 _____

PLEASE MAIL COMPLETED APPLICATION TO: Marin Villages, 4340 Redwood Hwy, Ste F-142, San Rafael, CA 9490

If you have indicated an interest in volunteering as a Driver, please complete the following:

MARIN VILLAGES
DRIVER PLEDGE AND AUTHORIZATION FORM

I, the undersigned, have offered my local village and its parent organization, Marin Villages, my service as an unpaid volunteer driver of my own vehicle for members of Marin Villages. I understand that my safety and the safety of others are of paramount importance, and I therefore agree to and confirm the following terms and conditions.

I am a licensed California driver and have been licensed for at least the past three years. I will maintain my license on my person and a valid registration form in my vehicle.

I understand and agree that neither my local village nor Marin Villages is responsible for insuring my vehicle. The limits and coverages of my own automobile insurance policy will be applicable to any accidents that occur while I am a volunteer driver.

- I pledge to maintain my own bodily injury, property damage, medical payments, and uninsured motorist automobile liability insurance policy and to keep proof of such current policy in my vehicle.

- I will maintain coverages at the level of not less than $100,000 per person and $300,000 per accident for bodily injury, $50,000 per accident for property damage, or $300,000 combined single limit bodily injury and property damage.

I have had no more than two minor moving violations and one at-fault accident within the past three years.

During the past five years, I have had no major driving violations, including a DUI, driving while license suspended, reckless driving, hit and run, excessive speeding or similar violations.

I agree to inform Marin Villages' staff promptly if I have any moving violations or at-fault accidents.

I will ensure that all vehicle occupants wear seatbelts, and I will comply with all other California motor vehicle laws, including those pertaining to cell phone use, speed limits, rights of way and safe entry and exit from my vehicle.

I agree to maintain my vehicle in good, safe operating condition. I will be mindful of the weather and road conditions and reserve the right to decline to drive if I become concerned about driving conditions or my health.

I have volunteered as a driver knowing that my local village and Marin Villages appreciate my service to the organization. I understand and agree that, if I do not abide by the above terms and conditions, or if the staff of Marin Villages deems me to be a risk to members, my services as a volunteer driver may be terminated.

Signature _____ Date_____

Print Name _____

PLEASE MAIL COMPLETED APPLICATION FORM TO:
MARIN VILLAGES
4340 Redwood Hwy, Ste F-142
SAN RAFAEL, CA 94903

PLEASE ATTACH A COPY OF YOUR INSURANCE DECLARATION PAGE FOR YOUR VEHICLE