



City of Pacific Grove
300 Forest Avenue
Pacific Grove, CA 93950
(831) 648-3176

Point Pinos Lighthouse **Docent Application Form**

Your contact information:

Name _____

Home Address _____

Work Phone _____ Home Phone _____

Email: _____

Availability:

On which days of the week could you work? (Shifts usually are 2.5-3hrs each)

Monday Thursday Friday Saturday Sunday

If you become a volunteer, can you commit to a minimum of one year? No Yes

Why do you want to volunteer? _____

If you have interest or expertise in a subject matter, please describe:

Your current employer (if applicable):

Your Position/Title _____

Employer Name _____

Address _____

Emergency contact information:

Name _____

Home Address _____

Work Phone _____ Home Phone _____

Relationship to you _____

Please complete both sides of this application.

Revised 8/17/23

Background information:

Have you ever been convicted of a crime? No Yes

If yes, please explain the nature of the crime and the date of the conviction and disposition. Conviction of a crime is not an automatic disqualification for volunteer work.

References:

Please list three people who know you well and can attest to your character, skills and dependability.

	Name	Phone Number or Email Address	Length of relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please read the following carefully before signing this application:

I, _____, choose to participate as a Lighthouse Docent, as a volunteer and understand that my services are donated to the City of Pacific Grove (City) without contemplation of compensation or future employment, and given for humanitarian, religious or charitable reasons. I understand that I am covered under the City's workers' compensation insurance in the event of an injury from rendering a volunteer service. I will report any injury or incident to my supervisor immediately. I agree to abide by any rules and directions provided by those helping to administer Lighthouse programs.

Signature of Participant: _____ **Date:** _____

Your application is not complete without your signature. This information will remain confidential.

Please email your completed application to:
Amy Colony, Volunteer Coordinator at acolony@cityofpacificgrove.org

Or mail to:
ATTN: Amy Colony
300 Forest Ave
Pacific Grove, CA 93950



City of Pacific Grove Volunteer Agreement and Release

Volunteer Name: _____ **Date:** _____

Volunteer Agreement and Workers Compensation I hereby choose to provide services in the City of Pacific Grove's (City) volunteer program and understand that my services are donated to the City without expectation of compensation, benefits, or future employment. I understand I am covered under the City's workers' compensation insurance in the event of an injury from rendering a volunteer service. I will report any injury or incident to my supervisor immediately.

Assumption of Risk I understand the services I provide to the City may include activities that may be hazardous to me including, but not limited to involving inherently dangerous activities. I hereby expressly assume risk of injury or harm from these activities and release the City for all liability.

Release of Liability I hereby waive, release and forever discharge any and all claims for damages for bodily injury, personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in the volunteer program. This release is intended to discharge, in advance, the City, its officials, employees, agents, and volunteers from and against any and all liability arising out of, or connected in any way with, my participation. I further agree to indemnify, defend and hold the City, its officers, officials, employees, agents and volunteers harmless from any loss, liability, claim, damage, or expense which may incur as a result of my participation in the volunteer program. I expressly agree this Release is intended to be as broad and inclusive as permitted by California law and that this Release shall be governed by and interpreted in accordance with California law. I agree that in the event any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

COVID-19 Release of Liability: I am aware of the COVID-19 pandemic and related governmental orders, directives and guidelines (collectively "Directives"), including Directives for frequent hand washing, social distancing and use of face masks in public locations. I am aware that these volunteer activities are occurring in a public location during the COVID -19 pandemic and are therefore hazardous activities. I am aware that I could be infected, become seriously ill or even die due to COVID-19. I am aware that my family, friends and others with whom I have contact could be infected, become seriously ill or even die due to a COVID-19 infection that I may acquire and transmit by reason of my volunteer activities. I am voluntarily participating in these volunteer activities with knowledge of the danger involved and agree to assume those risks.

I HAVE READ, UNDERSTAND AND WILL ABIDE BY THE ABOVE STATEMENTS.

Volunteer Signature _____ Date _____

Legal Guardian Signature (if under 18) _____ Date _____