



Approved:

**City of Commerce, California
Human Resources Policy and Procedure Manual**

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Director of Human Resources
[Signature]
City Administrator

Number: L-10 Effective Date: 11/18/08

SUBJECT: CITY OF COMMERCE VOLUNTEERS

PURPOSE:

To establish a procedure for utilization of volunteers by City Departments.

DEFINITIONS:

A volunteer is a person who donates hours of service to the City for civic, charitable, or humanitarian reasons, without promise, expectation, or receipt of compensation for services rendered, except for reimbursement for expenses, and a nominal stipend, or a combination thereof. A person is not a volunteer if the person is otherwise employed by the City to perform the same type of services as those for which the person proposes to volunteer (for example: an office clerk cannot volunteer to do clerical work in another department or division)

POLICY:

City departments shall establish and maintain, as needed, lists of qualified volunteers to enable departments to provide individuals a meaningful opportunity to perform services for their community. Departments shall not request volunteers to substitute, supplement or replace any vacancy of paid municipal personnel.

As a complement to the paid municipal labor force, volunteers shall augment the labor supply by serving as additions to, or extensions of, existing personnel. The services of the volunteer shall enhance or facilitate service delivery.

Volunteer activities in municipal government shall include, but are not limited to: the participation of citizens in the direct delivery of service to others; citizen action groups; participation in self-help and mutual aid endeavors; and a broad range of informal helping activities. All departments are invited and encouraged to recruit potential volunteers for their divisions. The City is not required to designate any person as a volunteer.

Departments shall be responsible for identifying work space and ensuring necessary equipment and materials are available for the volunteer's work assignment. All City personnel who supervise volunteers are responsible for completing a Volunteer Agreement Form, providing an orientation and tour of the work area, and training of the volunteer. All volunteers under 18 years of age must have a parent/guardian signature and submit a Consent for Medical Form. Fingerprinting and background

checks/Livescan for volunteers shall be coordinated with the Human Resources Department in accordance with the Criminal Background and Live Scan Policy.

With the exception of the Comcat Volunteers who are certified by the Director of Transportation for attending Driver Safety Training, all other volunteers are not eligible to drive City-leased or owned vehicles. In the event that the volunteer is required to drive his/her personal vehicle for performing an activity, the volunteer shall provide proof of insurance and obtain an addendum naming the City of Commerce as an additional insured. If a volunteer is involved in a non-injury motor vehicle accident in his/her own vehicle while performing his/her volunteer duties, the volunteer shall follow the same accident reporting procedures used by regular staff.

Accident and safety guidelines and procedures which apply to regular staff members shall also apply to volunteers. Policies prohibiting discrimination and harassment, and other standards of conduct which apply to regular staff members, shall apply to volunteers.

All volunteers shall be registered with their respective department and be covered through the City's Workers' Compensation Program. Utmost care should be taken to ensure that volunteers are not working in hazardous situations. It shall be the Department's responsibility to instruct volunteers in the proper use of tools and equipment. Volunteers have the same obligations as regular employees to cooperate with and follow the rules, regulations and safety procedures of the department and the City.

Departments shall be responsible for ensuring that all volunteers sign in and out on their Volunteer Time Sheet. These records are required for monthly reports and Workers' Compensation claims. All Time Sheets are required to be signed by both the volunteer and the supervisor.

The volunteer assignment can end at any time by the City without prior notification to the volunteer. The City is not obligated to place a volunteer or accept volunteer services from any individual.

Volunteers should not be left alone to supervise or maintain custody of a facility or City property. When volunteering in a setting involving children/minor, the volunteer shall not be responsible to supervise or watch over children without City staff supervision.

Special One-time Group Volunteer Projects

The process for special one-time group projects is different from the standard process. Each Department should maintain a Special Project Summary Sheet which lists the name, address and telephone number of the volunteer along with their recorded time in and time out. Attached to the Special Project Summary shall be a signed Consent Form for minors of each underage participant.

PROCEDURE:

Responsibility	Action
Volunteer	1. Completes Volunteer application form

Department

2. Ensures that the volunteer does not substitute, supplant or replace any paid municipal personnel.
3. Recruits for qualified candidate as needed. If applicable, processes a Consent for Medical Treatment Form if volunteer is under the age of 18.

Human Resources

4. Processes fingerprints and submits to Department of Justice in accordance with the City of Commerce Criminal Background and Live Scan Policy.

Department

5. Provides Volunteer Agreement Form and provides an orientation and tour of the work area, trains and introduces the volunteer to the work unit.
6. Maintains all Volunteer Time Sheets.

Attachments:

1. Consent for Medical Treatment Form
2. Volunteer Agreement Form
3. Volunteer Application Form

**CITY OF COMMERCE
MUNICIPAL VOLUNTEER SERVICES**

Volunteer Services Agreement

Please complete a separate form for each Volunteer.

The City of Commerce reserves the right to select and approve a volunteer and/or the volunteer assignment.

Department _____ Division _____

Address of Volunteer Assignment _____

Supervisor _____

Description of volunteer assignment (be as detailed as possible) _____

of hours per week required by position _____ Length of assignment _____

Starting Date: _____

Please indicate the days and times volunteer will be needed:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Start							
End							
Total							

The end or completion of the volunteer assignment will be determined by the City at its sole discretion.

Supervisor Signature: _____ Phone _____ Date _____

Volunteer Signature: _____ Date _____

Department Head Signature: _____ Date _____

**ACCIDENT / INJURY
AUTHORIZATION FORM TO CONSENT TO THE
MEDICAL / SURGICAL TREATMENT OF A MINOR**

Pursuant to California Family Code Sections 6902 and 6910, I the undersigned, parent and/or legal guardian of _____ whose date of birth is _____ do hereby authorize medical and/or surgical treatment by a State of California (hereinafter "State") licensed Medical Doctor (M.D.) and/or a State licensed hospital and/or a State licensed Hospital Emergency Room and/or a Private Practice Office operated by a State licensed Medical Doctor (M.D.), duly certified and licensed and/or their representatives as agent(s) for the undersigned to consent to any x-ray, laboratory, anesthetics, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of a licensed Medical Doctor (M.D.) per the provisions of the Medical Practice Act and who is on the staff of the accredited hospital, whether such diagnosis or treatment is rendered at the office of the treating physician or at an accredited hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority, consent and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his medical and surgical judgment may deem advisable.

In addition, you are authorized to release and/or to receive any and all medical records and/or related medical information pertaining to and/or aiding in the treatment rendered the Minor named above with regards to the Minor/Minor's Industrial Accident/Injury.

Dated: _____ Signed: _____
Parent or Legal Guardian

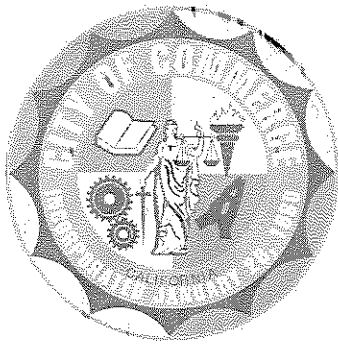
Dated: _____ Signed: _____
Witness Signature

In case of emergency, please notify:

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: _____



CITY OF COMMERCE MUNICIPAL VOLUNTEER APPLICATION

2535 Commerce Way
Commerce, CA 90040
(323) 722-4805
www.ci.commerce.ca.gov

Dept/Div _____

Date Assigned _____

Date Terminated _____

Volunteer Profile

Please complete this profile in as much detail as possible so that a volunteer assignment can be made to match your needs, abilities and schedule. You may be contacted if a volunteer assignment becomes available.

NAME _____
Please Print

Student _____ Retired _____ Intern _____ Other _____

ADDRESS _____
Number Street

Male Female

City Zip Code

S.S. # _____

Phone _____
Home

Message _____

Do you have a valid California Driver's License? Yes ___ DL# _____ No ___

Check the departments below in which you have an interest:

_____ City Administrator's Office

_____ Library Services

_____ City Clerk

_____ Parks & Recreation

_____ Community Development

_____ Planning

_____ Community Services

_____ Public Information Office – Graphics/Cable TV

_____ Finance

_____ Transportation

_____ Human Resources

_____ Other

_____ Information Systems

IN CASE OF EMERGENCY:

1. _____

PHONE # _____

2. _____

PHONE # _____

PHYSICIAN OR HOSPITAL TO CALL IN EMERGENCY:

PHONE # _____

PLEASE PRINT – This information will be detached from your profile card and used for research and statistical purposes only.

YOUR NAME: (Last) (First) (M.I.)		SOCIAL SECURITY NO: - -	
ETHNIC BACKGROUND: Choose the one (ONLY ONE) ethnic group with which you most closely identify yourself. <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Other <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Alaskan Native		SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	
DISABLED: <input type="checkbox"/> Yes <input type="checkbox"/> No If there is any reasonable accommodation necessary, contact the Human Resources Department at 323-722-4805		Age Group: <input type="checkbox"/> Under 40 <input type="checkbox"/> Over 40	
		How did you hear about the volunteer program (Circle One)? → Radio / TV Station Newspaper Magazine Other Human Resources City Employee Job-Line Friend / Relative	

Briefly list work experience or volunteer experience: _____

List skills, hobbies or interests related to the volunteer work you desire: _____

EDUCATION AND TRAINING

Name and location of colleges and other schools	Yrs. attended	Did you Graduate?	Degree Received	Major

List at least two (2) local references (employer, teacher, or neighbor):

1. _____
Name Address City/State/Zip Phone

2. _____
Name Address City/State/Zip Phone

3. _____
Name Address City/State/Zip Phone

Have you ever been convicted (including payment of a fine or placement of probation) of a violation of the law, including any conviction that has been expunged or any pleas of nolo contendere, excluding minor traffic infractions (i.e. speeding or parking tickets)? (Conviction does not necessarily disqualify you for a volunteer assignment). _____ Yes _____ No

If yes, please list offense, date, city, and state: _____

Indicate languages other than English, which you speak fluently: _____

List below the times that you are available to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Must be at least 14 years of age to volunteer.

Signature of Volunteer _____

Date _____

Under 18 years of age must have Parent or Guardian Consent.

Parent or Guardian Signature _____

Date _____