



Volunteer Application

Completion of a volunteer application does not guarantee placement or engagement as a ForeclosureHelp volunteer. Qualified applicants are considered without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, non-job related medical condition or disability.

To ensure the success of the ForeclosureHelp effort, a minimum four (4) hour monthly commitment is required for a 6-month period.

Date: _____

Please print all information clearly.

Form box containing fields for Name, Address, Phone (Home, Cell, Work), E-Mail, Place of Employment, Title, Type of Professional Experience, No. of Years Experience, Represented Organization (if applicable), and No. of Years as Active Member.

- 1. What do you feel the scope of responsibility is for the ForeclosureHelp Volunteer?
2. What skills would you like to share as a volunteer?

3. Indicate which day(s) and times you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday
9am – 1pm					
1pm - 5 pm					

Indicate the number of times per month you would like to volunteer. ___1 ___2 ___3 ___4

4. Languages spoken other than English: _____

5. Have you ever been convicted of any criminal offense? _____Yes _____No If Yes, please explain. **A “yes” answer to this question is not an automatic bar to acceptance as a volunteer.**

Acknowledgements, Release and Waiver

6. **I acknowledge that there is no salary or other compensation for my services as a volunteer.** _____
Initials

7. I acknowledge that I must participate and complete in a ForeclosureHelp training session prior to assignment to a volunteer position.

8. I understand that during the course and scope of my volunteer services with the City, I will be covered under the City’s Worker’s Compensation self-insurance. I also understand and agree that my sole remedy for any injury that I may sustain during the course and scope of my volunteer service to the City, which is covered by Worker’s Compensation, shall be through the City’s Workers’ Compensation self-insurance coverage. I waive any other right or remedy against the City of San Jose, its employees, officers, and agents (collectively referred to as “City”) that I may have available to me for the injuries described above. Further, I release and discharge the City from all other liability arising out of or in connection with my volunteer services to the City.

9. I also agree to grant full permission to the city of San Jose to use my name and any photographs, video graphs, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me.

10. I acknowledge and agree that I will not self-promote my business in any way nor request payment for my services from ForeclosureHelp clients. Any violation will result in immediate termination of volunteer agreement.

11. I acknowledge and agree that my services are provided for the convenience of the City and may be terminated for any reason or for no reason and at any time by the City without notice or hearing.

I hereby certify that the information provided herein is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

This application must be submitted along with a signed ForeclosureHelp Terms and Conditions forms to complete your application.

Please return completed application to: ForeclosureHelp Program Manager
1290 Parkmoor Avenue
San Jose, CA 95126
sandra.murillo@sanjoseca.gov
help@foreclosurehelpscc.org

Administrative Use Only

Date Application Received: _____

Date Applicant Interviewed: _____ Applicant Interviewed By: _____

Date Active Membership Confirmed: _____

Date of Volunteer Training/Orientation: _____