

# City of Carlsbad Summer Reading Volunteer Program Waiver



Last Name	First	M.I.	E-mail address
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## Volunteer Services Agreement and Release

### Confidentiality Agreement

I respect the confidentiality of City information and will discuss or give official information only as directed by a supervisor. No confidential information will be provided to the public except within the guidelines of the City.

### Photo Release

I give the City of Carlsbad, free of any compensation, unlimited permission to use, publish, and republish, in any media now in existence or that may later be developed, for any lawful purpose as it may determine, information and reproductions of my likeness and my voice related to any aspect of my volunteer service for the City. I hereby waive my right to first review the use of my likeness or voice before any use or publication.

### City of Carlsbad Volunteer Guidelines & City Policies

I acknowledge that I have received City of Carlsbad Volunteer Guidelines & City Policies. I further understand that, by signing this statement, I have read or will read the City of Carlsbad Volunteer Guidelines & City Policies and that I understand its contents, or will discuss all questions that I have with my supervisor or the Community Services Manager on the first day of my volunteer service. I also realize that this statement will become a permanent part of my volunteer personnel file. I understand that as a volunteer I will not be paid for my services

### Reference Verification and Background Checks

I authorize reference and employment verification as necessary for specific positions that I have volunteered to perform. I authorize fingerprinting, photographing and criminal background checks and Department of Motor Vehicles checks as necessary for specific positions that I have volunteered to perform. On behalf of myself, my heirs and representatives, I hereby release the City of Carlsbad, its elected officials, employees and agents from all liability for any damages that may result from my reference verification and background check(s). The background check policy is available upon request.

### Permission to Seek Medical Treatment

In the event of an emergency, I hereby give the City of Carlsbad permission to seek medical attention for myself or my child, if volunteer applicant is less than 18 years of age.

### Insurance Information and Release

I understand that there is some risks and that I may be injured in the course of performing these volunteer activities or services for the City. I understand that the City's policy is to cover volunteers as "employees" of the City for sole purpose of California Workers' Compensation benefits. I also understand that under Workers' Compensation laws, Workers' Compensation benefits will be the sole and exclusive remedy in the event I am injured while performing these volunteer activities and services. I further understand and agree that I will only be entitled to medical expenses under the City's Workers' Compensation. I will not be entitled to any other Workers' Compensation benefits which may include, but are not limited to, permanent or temporary loss of use damages, replacement income or vocational rehabilitation benefits. With the exception of Workers' Compensation benefits as set out above, I hereby agree that I, my heirs, guardians, legal representatives and assigns will not make a claim against or file an action against the City of Carlsbad or any of its agents, officers, employees or other volunteers, for injury or damage resulting from negligence, howsoever caused, by any employee, agent, officer or volunteer of the City of Carlsbad as a result of my participation in this volunteer activity or service. In addition, I hereby release and discharge the City of Carlsbad, its agents, officers, employees and other volunteers from all actions, claims and demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these volunteer activities or services.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A PARTIAL RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF CARLSBAD AND SIGN IT ON MY OWN FREE WILL.**

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Name (please print)

Date

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Signature

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Signature of parent or guardian if volunteer is under 18 years of age

Date

Please bring this completed and signed form with you to your Summer Reading Volunteer Program orientation session.

Revised May 17, 2018

## *Volunteer Guidelines*

At the City of Carlsbad we feel strongly that the relationship between the volunteer and the city should be mutually beneficial, helping both the volunteer and the city fulfill their goals through a synergy that enhances all efforts. Following are some parameters that have been set to help establish that relationship and track our volunteer program initiatives.

### *Code of Conduct*

Each of us is responsible, every day, for our own behavior and the decisions we make. As a volunteer for the city, you directly affect the residents and the community. We ask you to be responsible for conducting yourself with the highest standards of professional and ethical conduct while representing the City of Carlsbad.

Activities that could raise questions as to the City of Carlsbad's honesty and impartiality are strictly reviewed. In an effort to maintain its high standards of conduct, the City of Carlsbad operates under the following Code of Conduct:

No volunteer shall: for personal benefit, use the name, emblem, endorsement, services or property of the city, nor seek any financial advantage or gain as a result of city affiliation. Volunteers may not utilize any city affiliation in connection with the promotion of partisan policies, religious matters or positions on any issue not in conformity with the position of the city. Disclosure of confidential city information that is available solely as a result of your volunteer efforts is prohibited.

### *Confidentiality*

We have respect for the public we serve and fellow volunteers. Whatever you learn during your time volunteering is private and confidential. Please do not disclose confidential information that is available as a result of your volunteer efforts.

### *Conflict of Interest*

The city has a legal obligation to operate in the best interests of our residents. If you have an affiliation or financial interest with an organization that may present a conflict with those interests, disclose that conflict to the Community Services Manager at 760-434-2807. Refrain from being involved in any decision-making process relating to the other organization. In addition, do not knowingly take action or make any statement intended to influence the conduct of the city in such a way as to confer any financial benefit to a person or corporation or entity in which you have a significant interest or affiliation.

After acceptance and assignment by the City of Carlsbad, a volunteer who enters a course of health-related treatment that might adversely impact the performance of volunteer duties should consult with his or her immediate supervisor and/or the coordinator of volunteer resources.

### *Recording Your Time*

A valid record of volunteer hours is one of the clearest ways to show the benefits of your volunteer efforts. Volunteers are responsible for keeping track of their own hours including those given off-site. Please enter your total hours after each time you volunteer on your volunteer account at [www.VolunteerinCarlsbad.net](http://www.VolunteerinCarlsbad.net) on a regular basis. If you need assistance tracking your hours, please reach out to the Community Services Manager.

### ***Expense Reimbursement Policy***

Some of the costs related to volunteering for the City of Carlsbad may be deductible from your income tax and may include: automobile mileage to and from your volunteer work; parking fees and purchase and care of special uniforms. A complete description of federal tax deductions for volunteers can be obtained from your local IRS office or your tax advisor. Ask for Publication #526: "Charitable Contributions."

### ***Dress Code/Identification***

As a representative of the city, volunteers are responsible for presenting a positive and professional image to the community. Please dress appropriately for the conditions and tasks involved.

Volunteers may be issued some type of volunteer identification, such as a badge. ID badges or other identification are property of the city and must be returned upon resignation. Volunteers are asked to wear this badge only while volunteering.

### ***Use of Technology***

Volunteers must use Information Technology and all city communication systems in a lawful, ethical, and professional manner. Use the capabilities of the IT system to transmit information that is for city business only. For further clarification, ask your supervisor for Administrative Order 53. Because we all have to share the computer resources, we appreciate your efficient use of those resources. There is no expectation of privacy in anything created, stored, sent, or received on the computer system that is the property of the City of Carlsbad.

### ***Scheduling***

Volunteers are typically assigned duties that require a regular schedule. If expecting to be absent from a scheduled assignment, please notify your supervisor as far in advance as possible. If you are off on a long vacation, your supervisor will need time to make other arrangements to cover the loss of your services. Unexpected absenteeism limits our ability to provide needed services to the community. The City of Carlsbad will be closed on major holidays. Please check with your supervisor and/or the Community Services Manager for the holiday schedule.

### ***Youth Volunteers***

Volunteers who are not yet 18 years old must have the written consent of a parent or guardian prior to volunteering. The volunteer work assigned to a minor shall be performed in a non-hazardous environment and will comply with all appropriate requirements. Special care is taken to assure the safety of volunteers under the age of 15.

### ***Recognition***

Recognition of the many and varied contributions of volunteer staff is accomplished both formally and informally. Informal recognition, including positive feedback for a job well done, is the responsibility of your supervisor. Formal activities may be coordinated in cooperation with designated staff at individual departments and/or as a citywide event. Please let your supervisor know how you personally like to be acknowledged for your service. If you do not feel appreciated, please let your supervisor or the Community Services Manager know.

### ***Publicity/Statements to the Media***

All media inquiries regarding the City of Carlsbad and its operations must be referred to your supervisor or the Community Services Manager. No volunteer, unless specifically designated, is authorized to make public statements on behalf of the city, its departments, programs, etc.

## *City Policies*

Each volunteer for the City of Carlsbad is considered a valued and important member of the team. The city extends every effort to ensure volunteers will have a positive experience in a considerate environment. Please review the following items that have been put in place to provide a respectful workplace.

### *Respectful Workplace*

The city values respectfulness, collaboration and teamwork in the workplace and prohibits any form of discrimination or harassment that would otherwise conflict with these values. The city also values a diverse workforce and is committed to providing equal volunteer opportunities to all.

### *Workplace Security*

It is the policy of the city to promote a safe work environment for all. In support of this policy, the city takes the position that a threat of violence or any violent act within the workplace is not permitted. All threats or acts of violence will be taken seriously and acted upon.

Your personal safety is important to us. We never want to put our volunteers in harms way. If you feel the situation is unsafe in any way, please remove yourself from the danger. Site supervisors are expected to educate and enforce the safety rules with volunteers. You should receive training before using equipment new to you. Please request this training. Safety is everyone's responsibility.

### *Accidents or Injuries on the Job*

You are covered under the City of Carlsbad's Workers' Compensation program for injuries received while volunteering for the city. If you are injured, report the accident immediately to your supervisor. If immediate medical treatment is required call 911.

During business hours the supervisor or Community Services Manager will direct you to a city designated occupational health clinic. After business hours, please refer to the Injured Volunteer Instructions for a list of approved clinics.

To ensure timely processing of worker compensation claim benefits, submit the following documents to your supervisor or Community Services Manager:

- Volunteer Report of Injury or Illness
- Workers Compensation Claim form – DWC-1

Fill out an incident report within 24 hours of the injury or illness.

### *Ending Your Volunteer Assignment*

If you need to end your volunteer relationship with the city, please tell your supervisor or the Community Services Manager with as much advance warning as possible. All city property, such as identification badge, keys, etc. must be returned at that time. If desired, any volunteer may request copies of his/her volunteer profile to use in any future affiliation with the City of Carlsbad.

The City of Carlsbad accepts the services of all volunteers with the understanding that such service is at the sole discretion of the city. At any time and for whatever reason, the City of Carlsbad may decide to terminate a volunteer's relationship, just as the volunteer may at any time and for whatever reason decide to end his/her relationship with the city.

When possible, interviews will be conducted with volunteers who are leaving their positions. The city is interested in learning why you are leaving the position, elicit your suggestions to improve the volunteer program and examine the possibility of involving you in some other capacity with the City of Carlsbad.

*"The best way to find yourself is to lose yourself in the service of others."*

Mahatma Gandhi

## INSTRUCTIONS TO INJURED VOLUNTEER

### WORK RELATED INJURIES & ILLNESSES

- Immediately report your work related injury/illness to your supervisor
- During business hours your supervisor will direct you to a city designated occupational health clinic. After business hours, see instructions on list of clinics for instructions.
- To ensure timely work comp claim benefits, submit the following documents to your supervisor:
  - VOLUNTEER REPORT OF INJURY OR ILLNESS /DECLINATION OF MEDICAL TREATMENT*
  - WORKERS COMPENSATION CLAIM FORM (DWC-1)*

### RETURN TO WORK

Provide your supervisor with all doctor's reports, appointment notices, and/or work restrictions.

After a work-related injury/illness you may experience one or all of the following:

- Release to Full Duty
- Total Temporarily Disabled
- Temporary Modified/Restricted Duty

If you cannot keep an appointment, notify the medical provider and Keenan & Associates at (800) 654-8347 x1015. ***MISSED APPOINTMENTS MAY RESULT IN LOSS OF BENEFITS AND YOUR ELIGIBILITY TO PARTICIPATE IN THE VOLUNTEER PROGRAM.***

You, your supervisor and Human Resources coordinate every change in work status based on the Doctor's Work Status Reports.

All modified/restricted duty assignments require coordination with your supervisor and Human Resources before you return to your assignment.

For Total Temporarily Disabled injuries the volunteer will not be able to return to their assignment until released to modified/restricted duty or cleared by the doctor.

# List of Approved Occupational Medical Clinics

During Business Hours Monday through Friday

## Work Partners Occupational Health Specialists

3156 Vista Way, Suite 100  
Oceanside, CA 92054  
(760) 681-5222

8:00 a.m. until 6:00 p.m.  
Also Saturdays 9:00 a.m. until 2:00 p.m.

## Work Partners Occupational Health Specialists

2365 S. Melrose Drive  
Vista, CA 92081  
(760) 571-5910

8:00 a.m. until 6:00 p.m.

## Carlsbad Urgent Care

295 S. Rancho Santa Fe Road  
San Marcos, CA 92078  
(760) 720-2804

Monday-Friday 9:00 a.m. until 9:00 p.m.  
Saturday-Sunday 9:00 a.m. until 5:00 p.m.

## Palomar Health

### Corporate Health Services

120 Craven Road Suite 207 San Marcos, CA 92078 Office: (760) 510 7373 Fax: (760) 510 7374  
*(Across from Cal State San Marcos)*

8:00 a.m. until 5:00 p.m.

## Palomar Health

### Corporate Health Services

15611 Pomerado Road Suite 525  
Poway, CA 92064  
Office: (858) 613 6280 Fax: (858) 613 6281

*(Located in Pomerado outpatient department adjacent to Pomerado Hospital)*

8:00 a.m. until 5:00 p.m.

For after hours, please seek treatment at **Tri-City Medical Ctr. Emergency Department** or the nearest Emergency Room or Urgent Care Facility

## Tri-City Medical Ctr. Emergency Department

4002 Vista Way  
Oceanside, CA 92056  
(760) 940-3517