

City of Vernon, California Human Resources Policy and Procedure Manual

Director of Human Resources

City Administrator

Number: <u>I-11</u> Effective Date: <u>2/4/2014</u>

SUBJECT: CITY OF VERNON COLLEGE VOLUNTEER INTERNSHIP PROGRAM

PURPOSE:

To establish a procedure for utilization of college 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 administrative assistant cannot volunteer to do clerical work in another department or division).

POLICY:

City departments shall provide individuals a meaningful opportunity to perform services for the City and the community. Departments shall not request college volunteers to substitute, supplement or replace any vacancy of paid municipal personnel.

- Interns cannot displace regular employees.
- Interns are not guaranteed a job at the end of the internship
- Interns understand that the interns are not entitled to wages during the internship period.
- Interns must receive training
- Interns must get hands-on experience with equipment and processes used in your industry.
- Interns' training must primarily benefit them, not the agency.

College 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 college volunteers for their divisions. The City is not required to designate any person as a volunteer.

Any work by a volunteer must be performed under close supervision of City personnel. Departments shall be responsible for identifying work space and ensuring necessary equipment and materials are available for the college volunteer's work assignment. All City personnel who supervise college volunteers are responsible for completing a Volunteer Agreement Form, providing an orientation and tour of the work area, and training of the college volunteer. All college volunteers must be at least 18 years of age and be currently enrolled as a student in an accredited college or university. College volunteer interns must be committed to work a minimum of eight (8) hours per week. Background check for college volunteers shall be coordinated with the Human Resources Department in accordance with the medical examination procedures.

All volunteers are ineligible 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

Vernon 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 all volunteers. Policies prohibiting discrimination and harassment, and other standards of conduct which apply to regular staff members, shall apply to all 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/minors, 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.

PROCEDURE:

| Responsibility | | Action |
|------------------------|-----|---|
| Volunteer | 1. | Completes and submits College Volunteer Application Form as well as a copy of current college/university class schedule to Human Resources Department. |
| Human Resources | 2. | Recruits for college volunteer candidates as needed. |
| | 3. | Forwards qualified college volunteer application(s) to appropriate departments along with Volunteer Service Agreement Form. |
| Department | 4. | Conducts college volunteer selection interviews and notifies Human Resources of interview results. |
| Department & Volunteer | 5. | Fills out employer portion of Volunteer Services Agreement form and ensure selected college volunteer fills out their portion. Once this form is complete a copy is sent to Human Resources for review and approval prior to college volunteer start date. |
| Human Resources | 6. | Processes background check and reviews Volunteer Service Agreement form. |
| | 7. | Notifies department once college volunteer is cleared and ready to start volunteer assignment. |
| Department | 8. | Notifies college volunteer of start date. |
| | 9. | Ensures that the college volunteer does not substitute, supplant or replace any paid municipal staff member. |
| | 10. | Provides college volunteer an orientation and tour of the work area, trains and introduces the volunteer to the work unit. |
| | 11. | Closely supervises any work performed by the college volunteer. |

Volunteer

Department

Department

- 12. Completes College Volunteer Time Sheet form weekly.
- 13. Maintains all College Volunteer Time Sheets.
- 14. Notifies the Human Resources Department once volunteer ends/completes college volunteer assignment.

Attachments:

- 1. Volunteer Services Agreement Form
- 2. College Volunteer Internship Application Form
- 3. College Volunteer Time Sheet Form



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CITY OF VERNON MUNICIPAL VOLUNTEER SERVICES

Volunteer Services Agreement

| Volunteer Name | | | | | | | | |
|-------------------------------------|--------------|------------|------------|-------------|------------|------------|-------------|-----------------|
| Please complete a sep | arate form f | or each V | olunteer. | | | | | |
| The City of Vernon re Department | | | | | | | | |
| Address of Volunteer | Assignment | | | | | | | |
| Supervisor Name | | | | | | | | |
| Description of volunte | er assignme | ent (be as | detailed a | as possibl | e) | | | |
| | | | | | | | | |
| | | | | | | | | |
| Number of hours per | veek require | ed by pos | ition | L | ength of a | ssignmen | ıt | |
| Starting Date: | | | | | | | | |
| Please indicate the day | vs and times | voluntee | er will be | needed: | | | | |
| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | 1 |
| Start | | | | | | | |] |
| End | | | | | | | | |
| Tota | | | | | | | |] |
| The end or completion | of the volu | nteer assi | ignment v | vill be det | termined b | y the City | y at its so | ole discretion. |
| Supervisor Signature: | | | Pho | one | | Date | | |
| Volunteer Signature: | | | | | D | ate | | |
| Department Head Sign | nature: | | | | D | Date | | |

Number: <u>I-11</u> Effective Date_____

Dept. /Div.____

Date Assigned_____

Date Terminated_____

CITY OF VERNON COLLEGE VOLUNTEER INTERNSHIP APPLICATION 4305 S. Santa Fe Ave. Vernon, CA 90058

www.cityofvernon.org

College Volunteer Intern 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 availability. You may be contacted if a college volunteer assignment becomes available.

| TRST NAME | | (M. | I) LAST | |
|-------------------|--|-----------------|--|------------|
| | Please Print | | | |
| ADDRESS | Number | | | |
| | Number | Street | | |
| | | | | |
| City | | State | Zip Code | |
| hone: | Home | | Mobile: | |
| | Home | | Message | |
| Email: | | | | |
| Do vou have a va | lid California Driver's License? Ye | s D | No | |
| - | | | ignments of certain family members of current employees of | of the Cit |
| | any present City of Vernon employ | | | |
| | Please Print Full Name of Relat | ive | Relationship | |
| | | | | |
| | | | | |
| Jumber the dense | | | 0 (1 being your top selection): | |
| | rtmante halow in which you have ai | | | |
| | rtments below in which you have a | i interest, 1-1 | | |
| | City Administrator's Office | i interest, 1-1 | Information Technology Division | |
| | City Administrator's Office City Clerk | i interest, 1-1 | | |
| | City Administrator's Office | i interest, 1-1 | Information Technology Division | |
| | City Administrator's Office City Clerk | | Information Technology Division Police | |
| | City Administrator's Office City Clerk Finance/Treasury | | Information Technology Division Police Public Utilities | |
| N CASE OF EN | City Administrator's Office City Clerk Finance/Treasury Health & Environmental Contro Human Resources | | Information Technology Division Police Public Utilities | |
| N CASE OF EN | City Administrator's Office City Clerk Finance/Treasury Health & Environmental Contro Human Resources | ol | Information Technology Division Police Public Utilities | |
| N CASE OF EN 1 | City Administrator's Office City Clerk Finance/Treasury Health & Environmental Contro Human Resources | ol | Information Technology Division Police Public Utilities Public Works | |
| N CASE OF EN 1 | City Administrator's Office City Clerk Finance/Treasury Health & Environmental Contro Human Resources MERGENCY: | ol | Information Technology Division Police Public Utilities Public Works | |



Human Resources City Employee Friend / Relative

| PHYSICIAN OR HO | | | | | | | |
|--|---|-----------------------|-------------------------|---|--------------|-------------------------------------|-----------------|
| Briefly list work expe | rience or volunteer | | | | | | |
| List skills, hobbies or | interests related to | the volunteer work | you desire: | | | | |
| EDUCATION AND | TRAINING | | | | | | |
| | on of colleges and schools | other Yrs. attende | ed Did you Graduate? | Degree Received | Μ | ajor | |
| One of the requirem | conta is to be onro | llad in a collage/u | nivorcity intomo | hin course or pr | ogram If cal | poted u | uill you bo |
| One of the requirem enrolled in an interr | | | | | No | | |
| List at least two (2) | | | r neighbor): | | | | |
| INam | e | Address | | City/State/Zip | | Ph | one |
| 2Nam | e | Address | | City/State/Zip | | Ph | one |
| 3 Nam | ie | Address | | City/State/Zip | | Ph | one |
| Indicate languages | other than English, | which you speak fl | uently: | | | | |
| List below the time | | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | 7 | Saturday |
| Must be at least 18 | years of age to vol | unteer. | | | | | |
| Signature of Volun | teer | | | Date | | | |
| PLEASE PRINT – TI YOUR NAME: (Last) | his information will (First) | | our profile card a | nd used for resear Social Security XXX - XX - | | | oses only. |
| ETHNIC BACKG | ETHNIC BACKGOUND: Choose the one (ONLY ONE) ethnic group with which you most closely | | | SEX: Age Group: | | Group: | |
| White His | | _ | Other skan Native | □Female □ |] Male | | der 40 er 40 |
| DISABLED: | es No | on necessary, contac | | How did you he volunteer progr Circle One)? | | Radio / Newsp Magazi Other | TV Station |

Number: <u>I-11</u> Effective Date_____



Dept./Div:_____

Start Date:_____

End Date:_____

CITY OF VERNON LEGAL VOLUNTEER INTERNSHIP APPLICATION

4305 S. Santa Fe Ave. Vernon, CA 90058

www.cityofvernon.org

Volunteer College Intern 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 availability. You may be contacted if a college volunteer assignment becomes available.

| FIRST NAME | | | (M.I.) | LAST | |
|------------------|------------------------|-----------------|--------|----------|--------|
| _ | Please Pr | | 、 / | | |
| ADDRESS | | | | | |
| | Number | Street | | | |
| City | | State | | Zip Code | |
| Phone: | | | | Mobile: | |
| | Home | | | | essage |
| Email: | | | | | |
| Do you have a va | alid California Driver | 's License? Yes | sDL# | | No |

The City has a nepotism policy which may preclude volunteer assignments of certain family members of current employees of the City, are you related to any present City of Vernon employee? Yes No

| Please Print Full Name of Relative | Relationship |
|------------------------------------|--------------|
| | |
| | |
| | |

IN CASE OF EMERGENCY:

PHY

| 1. | | PHONE # |
|---------|------------------------------------|---------|
| | Name of Contact (please print) | |
| 2. | | PHONE # |
| · · · · | Name of Contact (please print) | |
| SICIAN | NOR HOSPITAL TO CALL IN EMERGENCY: | |
| | | PHONE # |

Briefly list work experience or volunteer experience:

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

EDUCATION AND TRAINING

1

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

One of the requirements is to be enrolled in a college/university internship course or program. If selected, will you be enrolled in an internship course or program by the start of this internship? Yes No

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

| 1 | | | | |
|---|------|---------|----------------|-------|
| | Name | Address | City/State/Zip | Phone |
| | | | - <u>5</u> I | |
| • | | | | |
| 2 | | | | |
| | Name | Address | City/State/Zip | Phone |
| | | | 5 1 | |
| 2 | | | | |
| 3 | | | | |
| | Name | Address | City/State/Zip | Phone |
| | | | <i>2</i> I | |

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 18 years of age to volunteer.

| Signature of Volu | inteer: | Date: |
|-------------------|--|--|
| <u> </u> | | |
| | This information will be date about from your prof | "In any long to a few years and and statistical summaries of |

| PLEASE PRINT – This information will be detached from your profile card | and used for research and sta | tistical purposes only. |
|--|---|--|
| YOUR NAME: | Social Security Last Four Di | gits: |
| (Last) (First) (M.I.) | XXX - XX - | |
| ETHNIC BACKGOUND: | | |
| Choose the one (ONLY ONE) ethnic group with which you most | SEX: | Age Group: |
| closely identify yourself. | 🗌 Female 🗌 Male | Under 40 |
| 🗆 Black 🔲 Asian 🔲 Pacific Islander 🗍 Alaskan Native | | Over 40 |
| DISABLED: Yes No If there is any reasonable accommodation necessary, contact the Human Resources Department at: (323)583-8811 | How did you hear about the volunteer program (Circle One)? If other, please specify. | Website Newspaper Magazine Other Human Resources City Employee Friend / Relative |



City of Vernon College Volunteer Time Sheet Form

Intern Name: _____

Dept.: _____

Week Start Date: _____

Week Ending Date: _____

Weekly Time Sheet

| Date | Time In | Time Out | Total Hours |
|------|---------|------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Week Total | |

College Volunteer Signature: _____

Supervisor Signature: _____

Date: _____