

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

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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: _____