

**San Francisco County Clerk**  
**Volunteer Deputy Marriage Commissioner Application**

**Mail to: San Francisco County Clerk**  
**1 Dr. Carlton B. Goodlett Place, Room 168**  
**San Francisco, CA 94102**

**Or email: [county.clerk@sfgov.org](mailto:county.clerk@sfgov.org)**

**For More information go to [sfgov.org/countyclerk/deputymarriagecommissioner](http://sfgov.org/countyclerk/deputymarriagecommissioner)**

Name: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State / Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

*Best time to contact you?* \_\_\_\_\_

Please state why you are interested in becoming a Volunteer Deputy Marriage Commissioner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When are you available to start? \_\_\_\_\_

Hours available per week? \_\_\_\_\_

Days available? \_\_\_\_\_

Please describe skills or interest, which may benefit you in this position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please list any previous volunteer experience/training? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fluency in language(s) other than English (please name): \_\_\_\_\_

Do you have a health problem we should be aware of in an emergency? Yes  No   
If yes, describe: \_\_\_\_\_

Is there a medication you must take? Yes  No

Is there a medication to which you are allergic? Yes  No   
If yes, medication is: \_\_\_\_\_

Medical, Hospital or Other Insurance: \_\_\_\_\_  
\_\_\_\_\_

**In Case of Emergency Please Notify:**

\_\_\_\_\_  
Name Telephone #

\_\_\_\_\_  
Name Telephone #

**I have been informed against and accept responsibility for any breach on my part respecting confidential information. In return for any benefits provided by the City and County of San Francisco, in providing, or resulting from acts or occurrences within the scope of my authorized volunteer services, and for my right to authorized expense reimbursement, I waive any claim on my behalf and on behalf of my heirs, representatives, and assigns against the City and County of San Francisco or any of its agents, servants or employees for illness, injury, debts or other harm arising from my volunteer services, whether or not authorized, above and beyond any medical benefits provided, excepting the sole negligence of the City and County of San Francisco.**

\_\_\_\_\_  
**Volunteer's Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Witnessed By:** \_\_\_\_\_

**Date** \_\_\_\_\_

**San Francisco County Clerk  
Volunteer Deputy Marriage Commissioner  
Authorization To Conduct Reference Checks**

I recently filed an application for a volunteer position with the San Francisco County Clerk.

I understand that it is the policy of the San Francisco County Clerk to conduct reference checks and that any offer to participate in the San Francisco County Clerk Volunteer Deputy Marriage Commissioner Program would be conditioned on the successful completion of reference checks.

List non-relative personal/professional reference below:

(Please print legibly)

1. \_\_\_\_\_  
Full Name/Title  
\_\_\_\_\_  
Number & Street Address City/State/Zip Code  
e-mail address: \_\_\_\_\_ Telephone # \_\_\_\_\_

2. \_\_\_\_\_  
Full Name/Title  
\_\_\_\_\_  
Number & Street Address City/State/Zip Code  
e-mail address: \_\_\_\_\_ Telephone # \_\_\_\_\_

3. \_\_\_\_\_  
Full Name/Title  
\_\_\_\_\_  
Number & Street Address City/State/Zip Code  
e-mail address: \_\_\_\_\_ Telephone # \_\_\_\_\_

I authorize the Office of the San Francisco County Clerk to communicate with the above-named individuals about any information the San Francisco County Clerk deems pertinent to my application.

\_\_\_\_\_  
Date Signature  
\_\_\_\_\_  
Print Name