



4855 Hamilton Street
Sacramento, CA 95841
(916) 743-2281
info@arcadecreekcpd.gov

ARCADE CREEK RECREATION AND PARK DISTRICT Volunteer Application

Thank you for your interest in volunteering for the Arcade Creek Recreation and Park District volunteer opportunities. Please fill out the following form completely and legibly.

Volunteer Applicant

Name: _____

Address (No. & Street) Apt. # City State Zip: _____

Phone Number: _____ Email Address: _____

Have you previously submitted a volunteer application? Yes: _____ No: _____

If yes, please give date: _____

Is the applicant a minor; under the age of 18 years? Yes: _____ No: _____

All minor volunteers must have their legal guardian approve and sign all documents for participation.

Do you have any friends or relatives employed with the District? Yes: _____ No: _____

If yes, state name(s) and relationship: _____ Phone Number: _____

In case of emergency, please notify: _____ Phone Number: _____

Name Relationship to you: _____

Volunteer Interest

What program would like to volunteer for? _____

Use the space below to fully describe any job-related skills, knowledge, licenses or special training you possess which relate to the position you would like to volunteer: _____

Have you ever volunteered before? Yes: _____ No: _____

If yes, please indicate with what agency or organization and in what capacity: _____

Availability

When are you able to volunteer? Days: _____ Evenings: _____ Weekends: _____

How many hours per week/month are you able to volunteer? _____

If you are interested in volunteering to be a coach, can you make a commitment to volunteer for at least one season? Yes: _____ No: _____ N/A: _____

Additional Information

Indicate any languages in which you are fluent: _____

Are you at least 18 years of age? Yes: _____ No: _____

Do you have a reliable means of transportation? Yes: _____ No: _____

How did you find out about our volunteer program? _____

References

List three references not related to you who have knowledge of your work and/or volunteer performance within the last three years.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Please Read and Initial Each Paragraph and Sign and Date Below

_____ I understand that as a volunteer for the District, I am not now and will not become an employee of the District and have no employment rights of any kind. I understand that my status as a volunteer may be terminated at any time for any reason.

_____ I hereby authorize the District to contact my references regarding my suitability for a volunteer position.

_____ I understand that my position as a volunteer is contingent upon the completion of a background questionnaire as required by Section 11105.3 of the Penal Code.

_____ In the event of an emergency, volunteers are covered under the (District Name's) Workers' Compensation Plan Policy.

I have read, understand, and fully agree to the above:

_____ Signature	_____ Name (Printed)	_____ Date
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If a minor, please have a legal guardian sign below:

_____ Signature	_____ Name (Printed)	_____ Date
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ARCADE CREEK RECREATION AND PARK DISTRICT
Volunteer Agreement, Waiver, and Release
INFORMATION TO THE PARTICIPANT REGARDING THE RISK OF INJURY

Activity Date

Activity Name

In consideration for being permitted by the Arcade Creek Recreation and Park District to participate in this volunteer assignment/ activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the assignment/activity. This release is intended to discharge in advance the Arcade Creek Recreation and Park District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns. I agree to indemnify and to hold Arcade Creek Recreation and Park District, (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost or expense which may arise out of or connected in any way with my participation in the volunteer assignment/activity.

I fully understand that my participation in this volunteer assignment/activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

I certify that all statements on this application are true and correct to the best of my knowledge. I understand that the information I provide may be verified, and I give permission to the Arcade Creek Recreation and Park District to make inquiry of others concerning my suitability to act as a volunteer. I also understand that a criminal background check may be accomplished if that action is deemed necessary. I understand that any false statements will disqualify me from the Arcade Creek Recreation and Park District's volunteer program.

I am aware that the relationship between the Arcade Creek Recreation and Park District and a volunteer is "at will" in nature, and that it may be terminated at any time without cause by either the volunteer or the District. Further, I understand that as a volunteer, I am offering my services of my own free will without any expectation of compensation, health or life insurance, or other employee benefits of any kind. Finally, I agree to comply with all District rules and guidelines as well as all applicable public health rules, regulations, orders, and/or guidance in effect at the time of my participation in this volunteer activity.

PHOTOGRAPHIC RELEASE: I understand that photographs may be taken during this activity and hereby grant the District permission to use any such photo(s) for advertising or in promotional materials.

PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Volunteer is under 18 years of age.)

I hereby consent that my son/daughter/minor, _____ participate as a volunteer in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor's participation in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE ARCADE CREEK RECREATION AND PARK DISTRICT AND I SIGN IT OF MY FREE WILL.

Signature

Name (Printed)

Date

If a minor, please have a legal guardian sign below:

Signature

Name (Printed)

Date

VOLUNTEER ACKNOWLEDGMENT

I hereby acknowledge that I have received training as to how to safely complete the tasks required by volunteers of the Arcade Creek Recreation and Park District.

I hereby further acknowledge that I am not an employee of the Arcade Creek Recreation and Park District, but that I am covered under the Agency's workers' compensation plan since the District has adopted a resolution extending workers' compensation coverage to certain volunteers in specified categories pursuant to Labor Code Section 3363.5.

As a volunteer who is covered under the Arcade Creek Recreation and Park District's workers' compensation plan, I expressly agree and acknowledge that workers' compensation is my exclusive remedy for any injury suffered while performing said volunteer duties, and that I cannot and will not seek to bring any other claim or actions of any type whatsoever against the Arcade Creek Recreation and Park District, its employees, officers, agencies, other volunteers and officials.

Signature

Name (Printed)

Date

If a minor, please have a legal guardian sign below:

Signature

Name (Printed)

Date