

Arcade Creek Recreation and Park District

4855 Hamilton Street, Sacramento, CA 95841

- Volunteer Application -

Last Name	First	M.I.	Email address	Application Date
Address	City	State	Zip	Home Phone # ()
				Alternative Phone # ()

Where did you learn about becoming a volunteer?

Do you need to complete a specific number of community service hours such as student internship or court required service?

Yes No If yes, how many hours are required? _____

Have you ever been convicted of any criminal offense? Yes No If yes, please describe:

Do you have previous volunteer experience or training? Yes No If yes, please describe: _____

Are you under the age of 15 and a half years old? Yes No

Please list any physical limitations that need to be accommodated to help you volunteer: _____

Emergency Contact: _____ Phone: Day: () Evening: ()

Interests - Please check the areas that interest you.

<input type="checkbox"/> Special Events work	<input type="checkbox"/> Event planning	<input type="checkbox"/> Teaching/tutoring
<input type="checkbox"/> Arts	<input type="checkbox"/> Gardening	<input type="checkbox"/> Working with children
<input type="checkbox"/> Clerical work	<input type="checkbox"/> Photography	<input type="checkbox"/> Working with seniors
<input type="checkbox"/> Coaching	<input type="checkbox"/> Plants and animals	<input type="checkbox"/> Writing
<input type="checkbox"/> Computer work	<input type="checkbox"/> Sports	<input type="checkbox"/> Other _____

Skills / Abilities - Please indicate those items in which you are skilled or experienced.

<input type="checkbox"/> Ability to use power tools	<input type="checkbox"/> Grant writing	<input type="checkbox"/> Public speaking
<input type="checkbox"/> Ability to speak a foreign language	<input type="checkbox"/> Graphic arts	<input type="checkbox"/> Teaching/tutoring
<input type="checkbox"/> Clerical skills	<input type="checkbox"/> Phone skills	<input type="checkbox"/> Word Processing
<input type="checkbox"/> Data entry	<input type="checkbox"/> Physical labor	<input type="checkbox"/> Writing skills
<input type="checkbox"/> First aid/CPR		<input type="checkbox"/> Other _____

Availability – Hours per week desired: _____

Please indicate the days and times you are available.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Experience – List most recent or current employed or volunteer experience (references and/or criminal background check may be required).

Name of Company:	Phone # :	Job Title:
Dates of Employment:	Job responsibilities:	

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The above information will only be used for volunteer application purposes only. I understand that as a volunteer I will not be paid for my services.

Signature: _____ Date: _____

**VOLUNTEER SERVICES
AGREEMENT AND RELEASE**

I, _____, hereby acknowledge that I have voluntarily applied to participate in performing certain services for the Arcade Creek Recreation and Park District. I am voluntarily participating in these activities with the knowledge that there is some risk that I may be injured in the course of performing these services. I understand that the District's policy is to cover volunteers as employees of the District for purposes of 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. 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 Arcade Creek Recreation and Park District 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 Arcade Creek Recreation and Park District as a result of my participation in this volunteer activity or service. In addition, I hereby release and discharge the Arcade Creek Recreation and Park District, 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 respect the confidentiality of District 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 District.

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 THE ARCADE CREEK RECREATION AND PARK DISTRICT AND MYSELF AND SIGN IT ON MY OWN FREE WILL.

We look forward to working with you and appreciate the generous offer of your time and skill.

Connecting community, place and spirit.

Name (Please print) Date

Signature

Signature of Parent or Guardian if volunteer is under 18 years of age Date

Volunteer Handbook Statement of Certification

I certify that I have received and reviewed the City of Carlsbad Volunteer Handbook.

I further understand that, by signing this statement as required, I am indicating that I will read the Volunteer Handbook and understand its contents, or will discuss questions I have with my supervisor or the Community Volunteer Coordinator. I also realize that this statement will become a permanent part of my volunteer personnel file.

Signature

Date

*** Please return to the Volunteer Resources Department ***

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Hamilton Street Park
4855 Hamilton Street
Sacramento, CA 95841