



# Conejo Senior Volunteer Program

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## Volunteer Enrollment Form

**Please Print**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### **As a participant in the Conejo Senior Volunteer Program (CSVP), I agree that:**

1. My service is voluntary and I agree to serve without compensation.
2. If I use my personal automobile in my volunteer service, I will arrange to keep in effect my automobile insurance equal to the minimum required by the State of California.
3. CSVP may photograph me while engaged in volunteer activity; use of my photograph and / or name may be used for the purpose of promoting CSVP.
4. CSVP will make every reasonable effort to find a suitable volunteer placement but cannot guarantee placement.
5. Volunteer Liability and Accident Insurance is provided by CSVP to active volunteers that have submitted eligible hours within three (3) months prior to incident.
6. Volunteer Liability and Accident Insurance provided by CSVP is a supplement to my own insurance and a claim may be covered only after my insurance limits have been reached.

### **Getting to Know You!** Please help us match you with the right volunteer position by checking your areas of interest:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Food Bank/Food Programs  | <input type="checkbox"/> Music                    | <input type="checkbox"/> Special Needs           |
| <input type="checkbox"/> Animals                | <input type="checkbox"/> Food Preparation/Cooking | <input type="checkbox"/> Nature/Outdoors          | <input type="checkbox"/> Tax Preparation         |
| <input type="checkbox"/> Arts/Media             | <input type="checkbox"/> Fundraising              | <input type="checkbox"/> Nursing Skills           | <input type="checkbox"/> Translation/Interpreter |
| <input type="checkbox"/> Assist Seniors         | <input type="checkbox"/> Gardening                | <input type="checkbox"/> One-Time Projects        | <input type="checkbox"/> Tutoring Adults         |
| <input type="checkbox"/> Cashier                | <input type="checkbox"/> Handyperson              | <input type="checkbox"/> Photography              | <input type="checkbox"/> Tutoring Children       |
| <input type="checkbox"/> Clerical/Office/Phones | <input type="checkbox"/> Hospice                  | <input type="checkbox"/> Public Speaking          | <input type="checkbox"/> Veteran Services        |
| <input type="checkbox"/> Computers              | <input type="checkbox"/> Host/Hostess             | <input type="checkbox"/> Reading to Others        | <input type="checkbox"/> Writing/Grants/Editing  |
| <input type="checkbox"/> Crafts/Needlework      | <input type="checkbox"/> Legal/Law Enforcement    | <input type="checkbox"/> Retail/Thrift Shop/Sales | <input type="checkbox"/> Youth                   |
| <input type="checkbox"/> Disaster Relief        | <input type="checkbox"/> Library Services         | <input type="checkbox"/> Serve on Boards          |  |
| <input type="checkbox"/> Docent                 | <input type="checkbox"/> Mailings                 | <input type="checkbox"/> Social Services          |  |
| <input type="checkbox"/> Driver                 | <input type="checkbox"/> Medical Services         | <input type="checkbox"/> Special Events           |  |

Employment Experience \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

Skills/Interests/Languages \_\_\_\_\_

Work Restrictions/Accommodations Needed \_\_\_\_\_

**Please fill out the back of this form**

## AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the Conejo Recreation & Park District ("CRPD"), City of Thousand Oaks ("CTO"), Goebel Senior Center Commission ("GSCC"), Conejo Open Space Conservation Agency ("COSCA"), Conejo Valley Unified School District ("CVUSD"), City of Westlake Village ("WLV"), and the Joel & Frances McCrea Ranch Foundation ("JFMRF") to participate in the above activities, 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 said activities. This release is intended to discharge in advance the CRPD, CTO, GSCC, COSCA, CVUSD, WLV, and JFMRF (collectively "entities") (including their officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activities, 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, and that I shall indemnify and to hold the above persons or entities (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or is connected in any way with my participation in said activities.

Additionally, I fully understand that my participation in the above-referenced activities 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.

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

**I UNDERSTAND THAT IMPORTANT INFORMATION** is available regarding 1) concussions that may occur during physical activities, and 2) information regarding the use of opioids, and acknowledge receipt of the information via [www.crpdp.org/concussion](http://www.crpdp.org/concussion) and [www.crpdp.org/opioid](http://www.crpdp.org/opioid).

**CONSENT FOR EMERGENCY MEDICAL TREATMENT:** As the participant or the parent, legal guardian, or appointed conservator of the participant of this program, I hereby give consent to the Conejo Recreation & Park District to obtain all medical or dental care for myself or my dependent as prescribed by a duly licensed medical professional. This care may be given for whatever conditions are necessary to preserve the life, limb, and well-being of myself or my dependent.

**I UNDERSTAND THAT THE CONEJO RECREATION AND PARK DISTRICT HAS A CODE OF CONDUCT ([www.crpdp.org/conduct](http://www.crpdp.org/conduct)) AND AGREE TO ABIDE BY ITS POLICIES AND CONDITIONS.**

**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 ORGANIZATIONS AND I SIGN IT OF MY FREE WILL.**

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Signature \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Date \_\_\_\_\_

**For Staff Use Only**

Possible Stations \_\_\_\_\_

\_\_\_\_\_

Volunteer Placed At \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Volunteer Placed At \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_