

### **Volunteer Application**

**Applicant Information** 

Applicant illiormation	•					
Full legal name:	Date:					
Home address:						
Home phone:	Wo	ork Phone:		С	ell phone:	
Email address:						
Best way to contact me:	□ home	□ work		cell	□ email	□ text
Employer/school name:			0	ccupatior	ո։	
Would you like us to be a	ware of any p	hysical or med	ical condit	ions?		
Emergency Contact I	nformation	(minors must li	st parent/	guardian	)	
Emergency contact name			Relationsh			
Emergency contact phone	e number(s):					
General areas of Inte	rest:					
Activity(s) of interest and/or special skills that I have: (check all that apply)						
☐ One time special events		ciai skiiis tiia	1	Fundrais		
□ Coaching			<b> </b>		ng written materials	
☐ Program leadership			<b>├</b>		er graphics	
☐ Program assistance			-		dvisory group	
☐ Receptionist			<u> </u>		oup (topic	)
□ Office/clerical			-		ation/Naturalist/Doce	nt
☐ Data entry/word proce	ssing			Photogra		
Social Media			<u> </u>		ecial skill	
☐ Special projects			-	17		·
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Center or Program Area(s) of Interest (check all that apply)							
☐ Borchard Ctr		☐ Thousand Oal	ks Ctr	☐ Arts/Cultural	☐ Senio	r Ctr	
□ Conejo Ctr		☐ Sports		☐ Outdoor Unit	□ Teen (	Ctr	
☐ Dos Vientos Ctr ☐ Aq		☐ Aquatics			☐ Individuals with disabilities (Therapeutics)		
☐ Reign of Terror (18+ yrs)		☐ Parks Division		☐ COSCA Rangers	□ PLAY	☐ PLAY Conejo (501©3)	
Preferred age	groups for volu	unteer experie	nces (ch	eck all that app	oly)		
☐ Youth (3-7)	☐ Youth	(8-12)	☐ Teen		☐ Adult	☐ Senior	
Time of Day/ Day of week preferred (check all times available to volunteer)							
Approximate # of	hours per week	desiring to volun	teer:				
□ Mon	□ Tues	□ Wed	☐ Thurs	□ Fri.	☐ Sat	☐ Sun	
☐ early morning	□ mid d	ay □ early	afternooi	n □ late af	ternoon	□ evenings	
Other:							
Do you have any family members participating in the program for which you would like to volunteer? ☐ yes ☐ no							
If yes, please provide the name of the participant(s):							
For staff use only							
Waiver and relea	se completed/or	file  yes initi	als:	Parenta	consent signed:	□yes □ n/a	
Appropriate background check submitted: (date)			Initials of staff person				
Background check cleared prior to volunteer duties: (date)				Initials of staff person			



### Volunteer Agreement, Waiver, and Release

Activity Name	Activity Date(s)	

In consideration for being permitted by the Conejo 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. 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.

This release is intended to discharge in advance the Conejo Recreation and Park District, its officers, employees, volunteers, and agents from any and all liability arising out of or connected in any way with participation in the volunteer assignment/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 Conejo Recreation and Park District, its officers, employees, volunteers, and agents free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain, or cause, while participating in the volunteer assignment/activity.

Additionally, I fully understand that my participation in the above-referenced 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 Conejo 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 District's volunteer program. I understand that while volunteering for the Conejo Recreation and Park District, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.

I am aware that the relationship between the Conejo Recreation and Park District and a volunteer is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or the Conejo Recreation and Park 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.



#### PHOTOGRAPHIC RELEASE

I understand that photographs may be taken during this activity and hereby grant the Conejo Recreation and Park District permission to use any such photo(s), my likeness, voice, and words in television, radio, film, or in any form to promote activities of the Conejo Recreation and Park District.

PARENTAL CONSENT		
Parental consent is required if volunte	eer is under 18 years of age.	
I hereby consent that my son/daughter volunteer with the Conejo Recreation execute the above Agreement, Waiver,	and Park District in the abo	ve referenced activity, and I hereby
AUTHORIZATION FOR MEDICAL TREA	ATMENT	
As the participant or the parent, legal gu I hereby give consent to the Conejo F myself or my dependent as prescribed whatever conditions are necessary to p	Recreation & Park District to only by a duly licensed medical pro	obtain all medical or dental care for ofessional. This care may be given for
I HAVE CAREFULLY READ THIS AGRE CONTENTS. I AM AWARE THAT THIS MYSELF AND THE DISTRICT AND I SIG	S IS A RELEASE OF MY LIAB	
Volunteer or Parent/Guardian Signature	Full Name (Printed)	Date