



Volunteer Application

Applicant Information

Full legal name:		Date:	
Birth date:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Home address:			
Home phone:		Work Phone:	Cell phone:
Email address:			
Best way to contact me:		<input type="checkbox"/> home	<input type="checkbox"/> work
		<input type="checkbox"/> cell	<input type="checkbox"/> email
		<input type="checkbox"/> text	
Employer/school name:		Occupation:	
Employer match program? <input type="checkbox"/> Yes <input type="checkbox"/> no <input type="checkbox"/> don't know			
Would you like us to be aware of any physical or medical conditions?			

Emergency Contact Information (minors must list parent/guardian)

Emergency contact name:		Relationship to you:	
Emergency contact phone number(s):			

General areas of Interest:

Activity(s) of interest and/or special skills that I have: (check all that apply)

<input type="checkbox"/> One time special events
<input type="checkbox"/> Coaching
<input type="checkbox"/> Program leadership
<input type="checkbox"/> Program assistance
<input type="checkbox"/> Receptionist
<input type="checkbox"/> Office/clerical
<input type="checkbox"/> Data entry/word processing
<input type="checkbox"/> Mailings
<input type="checkbox"/> Special projects

<input type="checkbox"/> Fundraising
<input type="checkbox"/> Developing written materials
<input type="checkbox"/> Computer graphics
<input type="checkbox"/> Citizen advisory group
<input type="checkbox"/> Focus group (topic _____)
<input type="checkbox"/> Interpretation/Naturalist/Docent
<input type="checkbox"/> Photography
<input type="checkbox"/> Other special skill _____



Center or Program Area(s) of Interest (check all that apply)			
<input type="checkbox"/> Borchard Ctr	<input type="checkbox"/> Thousand Oaks Ctr	<input type="checkbox"/> Arts/Cultural	<input type="checkbox"/> Senior Ctr
<input type="checkbox"/> Conejo Ctr	<input type="checkbox"/> Sports	<input type="checkbox"/> Outdoor Unit	<input type="checkbox"/> Teen Ctr
<input type="checkbox"/> Dos Vientos Ctr	<input type="checkbox"/> Aquatics	<input type="checkbox"/> Individuals with disabilities (Therapeutics)	
<input type="checkbox"/> Reign of Terror (18+ yrs)	<input type="checkbox"/> Parks Division	<input type="checkbox"/> COSCA Rangers	<input type="checkbox"/> PLAY Conejo (501©3)

Preferred age groups for volunteer experiences (check all that apply)				
<input type="checkbox"/> Youth (3-7)	<input type="checkbox"/> Youth (8-12)	<input type="checkbox"/> Teen	<input type="checkbox"/> Adult	<input type="checkbox"/> Senior

Time of Day/ Day of week preferred (check all times available to volunteer)						
Approximate # of hours per week desiring to volunteer:						
<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
<input type="checkbox"/> early morning	<input type="checkbox"/> mid day	<input type="checkbox"/> early afternoon	<input type="checkbox"/> late afternoon	<input type="checkbox"/> 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 release completed/on file <input type="checkbox"/> yes initials: _____	Parental consent signed: <input type="checkbox"/> yes <input type="checkbox"/> n/a
Appropriate background check submitted: (date) _____	Initials of staff person _____
Background check cleared prior to volunteer duties: (date) _____	Initials of staff person _____



Volunteer/Intern Waiver and Release

I have carefully and 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. It is understood that this volunteer assignment/ activity could involve an element of risk and danger of accidents, and knowing these risks, I hereby assume those risks. This release is intended to discharge in advance the Conejo Recreation and Park District, its officers, employees 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 negligence or carelessness on the part of the Conejo Recreation and Park District, its officers, employees and agents. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold Conejo Recreation and Park District, its officers, employees 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.

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 in the course of 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.

Additionally, I grant the Conejo Recreation and Park District permission to use my likeness, voice, and words in television, radio, film or in any form to promote activities of the Conejo Recreation and Park District.

I have carefully read this agreement, waiver and release, and fully understand its content. I am aware that this is a release of liability and a contract between myself and the Conejo Recreation and Park District, its officers, employees and agents and I sign of my own free will.

Signature of volunteer:	date:
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Parental Consent/Authorization for Treatment of a Minor

Parental consent is required if volunteer is under 18 years of age.

I hereby consent for my minor child to be a volunteer with the Conejo Recreation and Park District. I agree to/consent to the above volunteer agreement, waiver and release, relative to my above named minor child. I also authorize the Conejo Recreation and Park District and its agents, employees or representatives, into whose care the youth volunteer has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital supervision under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act, and on the staff of any acute general hospital holding a current license to operate a hospital from the state of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. I understand and agree that I am financially responsible for any care so procured.

Signature of legal guardian:	date:
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