



# Conejo Senior Volunteer Program

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## Volunteer Enrollment Form

*Please Print*

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

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

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

### AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the Conejo Recreation & Park District 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 Conejo Recreation & Park District, the City of Thousand Oaks, and Goebel Senior Center Commission (their officers, employees, 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 negligence or carelessness on the part of the persons or entities mentioned above. It is understood that these activities involve an element of risk and danger of accidents and knowing those risks I hereby assume those risks. 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 the above person or entities 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 while participating in said activities.

**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 CONEJO RECREATION & PARK DISTRICT AND I SIGN IT OF MY FREE WILL.**

\_\_\_\_\_  
*Signature*

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

\_\_\_\_\_  
*Date*

How do you prefer to receive the CSVP Newsletter?

Email       Mail       Pick It Up

Gender:       Male

Female

Do You Drive?       Yes

No

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

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

*Please fill out the back of this form*

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"/> Fundraising           | <input type="checkbox"/> Photography              |
| <input type="checkbox"/> Acting/Entertaining      | <input type="checkbox"/> Gardening             | <input type="checkbox"/> Public Speaking          |
| <input type="checkbox"/> Animals                  | <input type="checkbox"/> Graphic Design        | <input type="checkbox"/> Reading to Others        |
| <input type="checkbox"/> Arts                     | <input type="checkbox"/> Handyman              | <input type="checkbox"/> Retail/Thrift Shop/Sales |
| <input type="checkbox"/> Assist Senior Citizens   | <input type="checkbox"/> Hospice               | <input type="checkbox"/> Serve on Boards          |
| <input type="checkbox"/> Cashier                  | <input type="checkbox"/> Host/Hostess          | <input type="checkbox"/> Social Services          |
| <input type="checkbox"/> Clerical/Office/Phones   | <input type="checkbox"/> Legal/Law Enforcement | <input type="checkbox"/> Special Events           |
| <input type="checkbox"/> Computers: Office Use    | <input type="checkbox"/> Library Services      | <input type="checkbox"/> Tax Preparation          |
| <input type="checkbox"/> Crafts/Needlework        | <input type="checkbox"/> Mailings              | <input type="checkbox"/> Translation/Interpreter  |
| <input type="checkbox"/> Disaster Relief          | <input type="checkbox"/> Medical Services      | <input type="checkbox"/> Tutoring/Adults          |
| <input type="checkbox"/> Docent                   | <input type="checkbox"/> Music                 | <input type="checkbox"/> Tutoring/Children        |
| <input type="checkbox"/> Driver                   | <input type="checkbox"/> Nature/Outdoors       | <input type="checkbox"/> Work with Disabled       |
| <input type="checkbox"/> Food Bank/Food Programs  | <input type="checkbox"/> Nursing Skills        | <input type="checkbox"/> Writing                  |
| <input type="checkbox"/> Food Preparation/Cooking | <input type="checkbox"/> One-Time Projects     | <input type="checkbox"/> Youth                    |

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

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

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

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

### **For Staff Use Only**

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

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

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

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