



Volunteer Application

Applicant Information

Full legal name:		
I am: <input type="checkbox"/> 14-17 yrs old	<input type="checkbox"/> age 18 or older	<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		
Employer's name:		Occupation:
Employer match program? <input type="checkbox"/> Yes <input type="checkbox"/> no <input type="checkbox"/> don't know		
Physical or medical conditions (including serious allergies) you'd like us to be aware of:		

Are you volunteering to fulfill an obligation to a school or for community service hours?

<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please provide name of school or agency:
number of hours needed:	desired completion date:

Emergency Contact Information (minors please list parent/guardian)

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

References

Please list two NON-family references (minor must list one reference from school):	
Name:	Relationship:
Contact information:	
Name:	Relationship:
Contact information:	

Areas of Interest:

Geographic (check all that apply)
<input type="checkbox"/> Newbury Park <input type="checkbox"/> Thousand Oaks <input type="checkbox"/> Westlake Village

Unit, Center or Program Area (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"/> Administrative Offices <input type="checkbox"/> Parks Division <input type="checkbox"/> COSCA Rangers



Age groups (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)						
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 after noon	<input type="checkbox"/> late afternoons	<input type="checkbox"/> evenings		
Please provide more detailed schedule needs if very specific:						

Type of activity(ies) of interest and skill (check all that apply)

<input type="checkbox"/> One time special events	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Coaching	<input type="checkbox"/> Developing written materials
<input type="checkbox"/> Program leadership	<input type="checkbox"/> Computer graphics
<input type="checkbox"/> Program assistance	<input type="checkbox"/> Citizen advisory group
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Focus group (topic _____)
<input type="checkbox"/> Office/clerical	<input type="checkbox"/> Interpretation/Naturalist/Docent
<input type="checkbox"/> Data entry/word processing	<input type="checkbox"/> Photography
<input type="checkbox"/> Mailings	<input type="checkbox"/> Other special skill _____
<input type="checkbox"/> Special projects	

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): _____

General Consent:

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 personal reference or criminal background check may be accomplished if that action is deemed necessary. 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. In consideration for being permitted to volunteer my services to the Conejo Recreation and Park District, I hereby agree to accept any and all risks of injury, damage or loss of personal property... 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 read the General Consent and am in agreement with its content.

Signature of volunteer/date:

Parental Consent Volunteers must be a minimum of ___ years of age; parental consent required if volunteer is ___-17 years of age.

Signature of legal guardian/date:
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CONEJO RECREATION & PARK DISTRICT

For staff use only

Initial volunteer placement:	Date:
Volunteer role classification: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	
Photo ID provided by Class A volunteers (checked by staff) <input type="checkbox"/>	____ Initials of staff person
Appropriate background check submitted: (date)	____ Initials of staff person
Background check cleared prior to volunteer duties: (date)	____ Initials of staff person
Changes to volunteer classification:	
Volunteer role classification: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	
Due to volunteer placement:	Date:
Photo ID provided by Class A volunteers (checked by staff) <input type="checkbox"/>	____ Initials of staff person
Appropriate background check submitted: (date)	____ Initials of staff person
Background check cleared prior to volunteer duties: (date)	____ Initials of staff person
Volunteer role classification: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	
Due to volunteer placement:	Date:
Photo ID provided by Class A volunteers (checked by staff)	____ Initials of staff person
Appropriate background check submitted: (date)	____ Initials of staff person
Background check cleared prior to volunteer duties: (date)	____ Initials of staff person