



## Volunteer Application

Submit the completed application to [communications@cordovarpd.gov](mailto:communications@cordovarpd.gov) or the facility where you would like to volunteer.

### Volunteer Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email : \_\_\_\_\_ Phone Number: \_\_\_\_\_

School Attending: *(if applicable)* \_\_\_\_\_

### Parent/Guardian Information *(if volunteer is UNDER 18)*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: *(if different than volunteer)* \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email : \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### References:*(teachers, coaches church group leaders ECT.)*

- Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_
- Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Why do you want to volunteer with CRPD?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special talents or interests?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Previous Experience

Do you have any experience volunteering or working with children, active adults, seniors or animals?

Yes       No

• Name of Organization: \_\_\_\_\_ Position: \_\_\_\_\_

How Long: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

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How Long: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

## Volunteer Availability?

Recurring availability      Dates: \_\_\_\_\_

One - time availability      Date: \_\_\_\_\_ Event: \_\_\_\_\_

## Daily and Hourly Recurring Availability:

Monday \_\_\_\_\_       Thursday \_\_\_\_\_       Sunday \_\_\_\_\_

Tuesday \_\_\_\_\_       Friday \_\_\_\_\_

Wednesday \_\_\_\_\_       Saturday \_\_\_\_\_

## Where would you like to volunteer?

**Hagan Community Center** | 2197 Chase Drive, Rancho Cordova | 916-369-9844

Community Events       Hagan Community Barn       Park Clean-up       Other: \_\_\_\_\_

**Neil Orchard Senior Activities Center** | 3480 Routier Road, Sacramento | 916-366-3133

Kitchen       Gardening       Other: \_\_\_\_\_

**Mather Sports Complex** | 3755 Schriever Avenue, Mather | 916-362-1704

Coach       Assistant Coach       Team Parent       Sports General

Score Keeper       Other: \_\_\_\_\_

**Notes:**

- CRPD depends on volunteers as part of our team. Time commitments may be a short or lengthy commitment depending on program and/or facility needs.
- Registration and commitment form will be required by the volunteer or parent/guardian of volunteer participant.
- Eligible applicants will be contacted by e-mail or phone to schedule an interview

**AGREEMENT, WAIVER & RELEASE:**

In consideration for being permitted by the Cordova Recreation & Park District (District) to participate in the above-referenced 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 said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers and agents) from any and all liability arising out of or connected in any way with my participation in said 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 and that I shall indemnify and hold the Cordova Recreation & Park District (including its officers, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which may arise out of or connected in any way with my participation in said 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.

**VIRTUAL CLASS RELEASE:** I hereby warrant and agree, that the conditions of my environment are safe, free from obstructions and are suitable for participation in the above-referenced activity. I further understand and agree that any material downloaded, viewed or otherwise obtained through my participation in said activity is done at my own risk and the District is not responsible for any loss, alteration, corruption or other damage to my personal property, including computers, networks and other property used as part of my participation.

**PHOTOGRAPHIC RELEASE:** I understand that District staff may photograph/video me and/or my minor children and that the District may use such photographs/videos to promote District programs now and in the future. I expressly allow, and hereby waive any objection to, the District photographing/ videoing me and/or my minor children on the date printed above. I understand that all photos/videos will remain the property of the District.

**PARENTAL/GUARDIAN CONSENT:** (to be completed and signed by parent/guardian if Participant is under 18 years of age.) I hereby consent that the participant listed above, \_\_\_\_\_ (name) participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver and Release on their behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which may arise out of or connected in any way with said minor's participation in said activity.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER & RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.**

**I hereby certify that all statements made in this application are true and complete to the best of my knowledge and that false statements may subject me to disqualification or dismissal from the volunteer program.**

Volunteer Name Printed: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read the preceding information, fully understand all requirements, and grant permission for my child to participate in the CRPD volunteer program.**

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_