



Mather Sports Center
3755 Schriever Ave.
Mather, CA 95655
916-362-1704
cordovarpd.gov

Volunteer Application

Volunteer Information

Name: _____ Birth Date: _____

Address: _____ City/State: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

School Attending: *(if applicable)* _____

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

Name: _____ Birth Date: _____

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

Email Address: _____ 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? _____

Special talents or interests? _____

Volunteer Experience

Do you have any experience working with children? Yes No

• Name of Organization: _____ Position: _____

How Long: _____ Contact Information: _____

Duties Performed: _____

• Name of Organization: _____ Position: _____

How Long: _____ Contact Information: _____

Duties Performed: _____

Availability?

Recurring Volunteer work availability Dates: _____

One - time Volunteer work availability Date: _____ Event/Season: _____

Daily and Hourly Volunteer Availability:

Monday _____ Thursday _____ Sunday _____

Tuesday _____ Friday _____

Wednesday _____ Saturday _____

Where would you like to volunteer?

Hagan Community Center • 2197 Chase Drive • 916-369-9844

Events Barn Park Clean-up Other: _____

Neil Orchard Senior Center • 3480 Routier Road • 916-366-3133

Kitchen Van Drivers Gardening Other: _____

Mather Sports Center • 3755 Schriever Avenue • 916-362-1704

Coach Assistant Coach Team Parent Sports General

Score Keeper Other: _____

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: _____

(if volunteer is UNDER 18)

I have read the foregoing, fully understand it, and grant permission for my child to participate in the program they are applying for.

Parent Name: _____

Parent Signature: _____ Date: _____