SOUTHGATE RECREATION & PARK DISTRICT

Your Recreation Is Our Business!

Volunteer Application

INSTRUCTIONS: Thank you for your interest in volunteering for Southgate Recreation and Park District. Please fill out the following form completely and legibly.

Name: _____

Address (No. & Street) Apt. # City State Zip: _____

Phone Number: _____ Email Address: _____

Have you previously submitted a volunteer application? Yes: _____ No: ____
If yes, please give date: _____

Do you have any friends or relatives employed with the District? Yes: ☐ No: ☐

If yes, state name(s) and relationship: _____Phone Number: _____

In case of emergency, please notify: _____ Phone Number: _____

Name Relationship to you: _____

Volunteer Interest

What program would like to volunteer for? _____

Use the space below to fully describe any job-related skills, knowledge, licenses or special training you possess which relate to the position you would like to volunteer:

_____

_____

_____

Have you ever volunteered before? Yes: ☐ No: ☐

If yes, please indicate with what agency or organization and in what capacity:

_____

_____

Availability

When are you able to volunteer? Days: _____ Evenings: _____ Weekends: _____

How many hours per week/month are you able to volunteer? _____

If you are interested in volunteering to be a coach, can you make a commitment to volunteer for at least one season? Yes: ☐ No: ☐ N/A: ☐

Additional Information

Indicate any languages in which you are fluent: _____

Are you at least 18 years of age? Yes: ☐ No: ☐

Do you have a reliable means of transportation? Yes: ☐ No: ☐

How did you find out about our volunteer program?

_____

_____

References

List three references not related to you who have knowledge of your work and/or volunteer performance within the last three years.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Please Read and Initial Each Paragraph and Sign and Date Below

_____ I understand that as a volunteer for the District, I am not now and will not become an employee of the District and have no employment rights of any kind. I understand that my status as a volunteer may be terminated at any time for any reason.

_____ I hereby authorize the District to contact my references regarding my suitability for a volunteer position.

_____ I understand that my position as a volunteer is contingent upon the completion of a background questionnaire as required by Section 11105.3 of the Penal Code.

_____ In the event of an emergency, volunteers are covered under the Southgate Recreation and Park District Workers' Compensation Plan Policy.

I have read, understand, and fully agree to the above:

Applicant's Signature: _____ Date: _____

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Volunteer Background Confidential Questionnaire

Applicant's First, Middle, and Last Name (PRINT): _____
Applicant's ID Number (California ID or Drivers' License): _____
Applicant's Social Security Number: _____
Applicant's Address: _____
Applicant's Phone Number: _____
Applicant's Email: _____

Section 5164 of the Public Resources Code of the State of California prohibits Southgate Recreation and Park District ("the District") from hiring a person for employment at, or hiring a volunteer to perform services at, any of its parks, playgrounds or recreational centers used for recreational purposes in a position having supervisory or disciplinary authority over any minor, if the person has been convicted of certain crimes under the California Penal Code. Section 5164 also authorizes the District to screen any such prospective employee or volunteer for his or her criminal background. In light of your interest in being hired by the District for employment at, or being hired as a volunteer to perform services at, any of its parks, playgrounds or recreational centers used for recreational purposes, in a position having supervisory or disciplinary authority over any minor, and in order to give effect to Section 5164 of the Public Resources Code of the State of California, please answer the following supplemental questions:

Please Note: Having a conviction record may not necessarily prevent volunteering. The nature of the conviction and length of time which as passed since the conviction will be taken into consideration, along with the current District's policies.

1. Have you ever been convicted of violation or attempted violation of any of the statutes specified in Public Resources Code Section 5164 (copy attached), including conviction for violation or attempted violation of an offense committed outside the State of California, if the offense would have been a crime as defined in the statutes referred to if committed in California? This question does not refer to a misdemeanor conviction as defined in Part B of Attachment A (copy attached), unless you have three or more misdemeanor convictions, a felony conviction, or were incarcerated for any of those crimes listed within the preceding ten (10) year period.

Yes: ☐ No: ☐

If your answer is **Yes**, please describe the crime(s) of which you were convicted, the date upon which you were convicted and the jurisdiction in which you were convicted:

_____
_____
_____

2. Are you willing to be fingerprinted in order that the District may screen you for a criminal background?

Yes: ☐ No: ☐

3. Without in any way limiting the foregoing, have you ever been convicted of any crime involving an assault with intent to commit a felony, any crime against a person involving sexual assault, any crime against public decency and good morals, disorderly conduct, annoying or molesting a child under age 18, kidnapping, robbery or carjacking?

Yes: ☐ No: ☐

If your answer is **Yes**, please describe the crime(s) of which you were convicted, the date upon which you were convicted and the jurisdiction in which you were convicted:

_____

4. Are you currently released on bail or on your own recognizance for any crime?

Yes: ☐ No: ☐

If your answer is **Yes**, please describe the crime(s) of which you were convicted, the date upon which you were convicted and the jurisdiction in which you were convicted:

_____

Background Investigation Agreement and Declaration

I authorize the District to perform a thorough background investigation on all matters related to my suitability for volunteering including online background checking, and to run a fingerprint background check to screen for criminal background. I authorize investigation of all statements contained in my volunteer application. I authorize the District to secure information about my background and experience with former employers, current employers, education institutions and any relevant agencies, and authorize those parties to provide information to the District concerning my background and experience. I release the District and all parties providing information to District about my background and experience from any liability whatsoever arising therefrom.

I, (Print Name) _____, in seeking to be a volunteer by the District to perform services at, any park, playground or recreational center used by the District for recreational purposes, in a position having supervisory or disciplinary authority over any minor, hereby declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed at:

(City) _____, California on (Date) _____

I acknowledge and agree that should any of my answers to the foregoing questions be subsequently determined to be false and not true, the District can immediately terminate my employment by it or cease allowing me to perform voluntary services, without notice. I hereby agree to indemnify and hold harmless the District, its directors, agents and employees, from any and all claims, causes of action, suits, actions, damages, losses or liability arising out of termination of my volunteer services rendered to the District which may occur should any of my answers to the foregoing questions be subsequently determined to be false and not true and/or untrue.

Applicant's Signature: _____Date: _____

District's Signature: _____Date: _____

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_____ _____

Activity Date(s) Activity Name

VOLUNTEER AGREEMENT, WAIVER, AND RELEASE

INFORMATION TO PARTICIPANT REGARDING RISK OF INJURY

In consideration for being permitted by Southgate Recreation and Park District ("the 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. 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. I agree to indemnify and to 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 my participation in the volunteer assignment/activity.

I fully understand that my participation in this volunteer assignment/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.

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 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 am aware that the relationship between the District and a volunteer is "at will" in nature, and that it may be terminated at any time without cause by either the volunteer or the 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. Finally, I agree to comply with all District rules and guidelines as well as all applicable public health rules, regulations, orders, and/or guidance in effect at the time of my participation in this volunteer activity.

PHOTOGRAPHIC RELEASE: I understand that photographs may be taken during this activity and hereby grant the District permission to use any such photo(s) for advertising or in promotional materials.

PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Volunteer is under 18 years of age.)

I hereby consent that my son/daughter,_____, participate as a volunteer in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on his/her 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, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

_____

Signature Name (Printed) Date

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VOLUNTEER ACKNOWLEDGMENT FORM

I hereby acknowledge that I have received training as to how to safely complete the tasks required by volunteers of Southgate Recreation and Park District ("the District").

I hereby further acknowledge that I am not an employee of the District, but that I am covered under the Agency's workers' compensation plan since the District has adopted a resolution extending workers' compensation coverage to certain volunteers in specified categories pursuant to Labor Code Section 3363.5.

As a volunteer who is covered under the District's workers' compensation plan, I expressly agree and acknowledge that workers' compensation is my exclusive remedy for any injury suffered while performing said volunteer duties, and that I cannot and will not seek to bring any other claim or actions of any type whatsoever against the District, its employees, officers, agencies, other volunteers and officials.

Date: _____

Signature: _____

Print Name: _____

Parent or Guardian Signature (if minor):_____

PERSON(S) TO CONTACT IN CASE OF EMERGENCY DURING WORK DAY:

Name: _____ _____
First Last

Address: _____
Number Street City State Zip

Phone: Home: ( ) _____ Business: ( ) _____

Name: _____ _____
First Last

Address: _____
Number Street City State Zip

Phone:: Home: ( ) _____ Business: ( ) _____

Name: _____ _____
First Last

Address: _____
Number Street City State Zip

Phone: Home: ( ) _____ Business: ( ) _____