

Pleasant Valley Recreation & Park District appreciates your interest in its Community Engagement Program. To provide a clear understanding of your background and desire to serve as a volunteer, please complete all questions below. All information will be kept confidential.

Applicant Information

Answer all questions in ink or by computer. Please write N/A where appropriate. Please type or write legibly.

Full Legal Name:	Date of Birth:			
Home Address:				
City:	State:	Zip:		
Email:	Phone:			
Employer/Occupation:	School/Grade:			
Would you like us to be aware of any physical or medical conditions?				
How did you hear about Volunteer Opportunities?				
Have you previously submitted a volunteer application? No Yes, Date:				
Do you have any friends or relatives employed with the District? No Yes, Name:				
Do you need proof of volunteer hours? No Yes, how many hours required?				
Do you have reliable means of transportation \Box No \Box Yes				
Why do you want to Volunteer with the District?				
Have you participated in District programs or events in the past 🗌 No 🗌 Yes, Explain:				
Group Information				
Are you volunteering with a group? If so, please fill out the information below.				
Organization Name:				
How often does your group want to volunteer?				
How many members in your group?				
Will you only volunteer with your group?				

Emergency Contact Information			
Minors must list parent/guardian			
Emergency Contact Name:	Relationship to you:		
Emergency Contact Phone Number(s):			
Emergency Contact Name:	Relationship to you:		
Emergency Contact Phone Number(s):			



Volunteer Interest

What Job/Program would you like to Volunteer for?

Have you ever volunteered before?
No
Yes, Explain

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

Volunteer Availability				
Please indicate the days and times you are available to volunteer				
Do you want to volunteer: \Box One Time Events \Box Continual Basis		Available Start Date:		
How many hours per week are you able to Volunteer?		Seasons: Winter Spring Summer Fall		
Days	Times			
\Box Monday				
🗆 Tuesday				
🗆 Wednesday				
🗌 Thursday				
🗆 Friday				
Saturday				
🗆 Sunday				

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 understand that filling out a Volunteer interest form does not promise me a volunteer assignment with the District.

I understand that I may need to complete additional steps for my assignment to include a Livescan fingerprint Background Check and that a District staff member will reach out to me in regard to my application.

In the event of an emergency, volunteers are covered under the CAPRI Workers' Compensation Plan Policy.



VOLUNTEER AGREEMENT, WAIVER, AND RELEASE

INFORMATION TO PARTICIPANT REGARDING RISK OF INJURY

In consideration for being permitted by the Pleasant Valley Recreation & Park District ("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 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 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.

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.

Applicant's	Signature
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Date

Parent's Name – If under 18 years of age (Print)

Date

Parent's Signature – If under 18 years of age

Date