

## Volunteer Application

**INSTRUCTIONS:** Thank you for your interest in volunteering for Feather River 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 (District Name's) Workers' Compensation Plan Policy.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18 years): \_\_\_\_\_ Date: \_\_\_\_\_