



RECREATION AND COMMUNITY SERVICES
VOLUNTEER SERVICE PROGRAM

310 NORTH LOCUST STREET
VISALIA, CA 93291
PHONE (559) 713-4481 - FAX # (559) 713-4831

VOLUNTEER APPLICATION

NAME _____
LAST NAME FIRST MIDDLE

ADDRESS _____
CITY ZIP

HOME PHONE _____ WORK PHONE _____

DATE OF BIRTH _____

SCHOOL OR CURRENT OCCUPATION _____

EMERGENCY CONTACT PERSON _____

RELATIONSHIP WORK - PHONE NUMBER HOME - PHONE NUMBER

CHECK THE TYPE OF TRANSPORTATION YOU WILL USE TO GET TO A VOLUNTEER JOB

BICYCLE _____ BUS _____ WALK _____ DRIVE _____ SOMEONE WILL DRIVE ME _____

DRIVER'S LICENSE # _____ EXPIRATION DATE _____

AUTO INSURANCE COMPANY _____

I HAVE SPECIAL SKILLS, EXPERIENCE, OR EDUCATION TO OFFER: (FOR EXAMPLE, BILINGUAL, EXPERIENCE WITH CHILDREN, BOOKKEEPING, QUILTING, COACHING, ETC.) _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS WE SHOULD BE AWARE OF? _____

WHAT DO YOU HOPE TO GAIN FROM VOLUNTEERING?

DEVELOP SKILLS PERSONAL SATISFACTION HELP TOWARD A PAID JOB
COURT ORDER SCHOOL REQUIREMENT/CREDIT OTHER

TYPE OF VOLUNTEER ASSIGNMENTS YOU ARE INTERESTED IN?

ANIMAL CARE EDUCATION/TUTOR/MENTOR OFFICE WORK
ARTS/THEATRE/TV ENVIRONMENT/PLANTS PUBLIC SAFETY/LAW ENFORCEMENT
CHILD CARE ACTIVITY ASST. HEALTH CARE

CHECK ALL GROUPS YOU WOULD BE INTERESTED IN WORKING WITH:

PRE-SCHOOL ADULTS PHYSICALLY DISABLED
SCHOOL AGE SENIORS OTHER
TEENS MENTALLY DISABLED

AVAILABLE TO VOLUNTEER:

WEEKDAYS EVENING WEEKENDS

FOR TOTAL OF _____ HOURS A WEEK

ARE YOU INTERESTED IN WORKING ON SPECIAL EVENT PROJECTS?

YES NO

HOW DID YOU HEAR ABOUT OUR PROGRAM? _____

(OVER)

**VOLUNTEER AGREEMENT
and
PARENTAL CONSENT (IF APPLICABLE)**

I understand that as a volunteer with an agency. I have to abide by the rules which govern the employees of this agency. I understand that I have to maintain confidentiality. All statements I have made on this application are true and correct to the best of my knowledge. I am aware that a background investigation may be required for some types of volunteer assignments.

I realize that any breach of confidentiality, misrepresentation or refusal to abide by all rules and regulations that apply to the program(s) I work with, will be grounds for dismissal. Agency rules and policies will be explained to me by my volunteer supervisor.

I also understand that I am covered by an insurance supplement that protects me at my volunteer assignment. This coverage is supplemental to other insurance's that I have. I have received a brochure explaining this coverage. I also realize that in order to be covered by this insurance, I must report my volunteer hours, have a current drivers license and proof of auto insurance.

It is further understood that volunteers shall be used to supplement paid staff, never to replace them. Neither the agency requesting volunteers or the VOLUNTEER SERVICE PROGRAM providing these volunteers will discriminate with respect of race, creed, religion, color, national origin, sex, age disability , or political affiliation.

I acknowledge that the CITY of VISALIA is not financially or legally liable beyond this point.

Parental Consent if under 18 years of age:

I hereby allow my son/daughter to participate in the VOLUNTEER SERVICE PROGRAM. I have read and understand the "Policies Affecting Volunteers" and the "Volunteer Agreement" and acknowledge that the City of Visalia is not financially or liable beyond this point.

Parent/Guardian Signature _____ Date _____

Beneficiary for accident insurance _____

Relationship _____ Phone () _____

_____ Address _____ City _____ Zip _____

Volunteer Signature _____ Date _____

Staff Member reviewing this application _____ Date _____