



City of San Diego Park and Recreation Department Individual Volunteer Application



Position Applying for (Optional): _____

Court Mandated volunteers must complete the *Court-Referred Volunteer Application* available at: www.sandiego.gov/park-and-recreation/general-info/volunteer.shtml

Personal Information

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

E-Mail address: _____ Fax: (____) _____

Date of Birth (Optional): ____/____/____ Male Female

Current Occupation: _____

Experience/Skills/ Certificates/Certifications

Have you served as a City of San Diego Park and Recreation Department Volunteer? Yes No

Please describe your education, employment and volunteer background/experiences that you feel may contribute to the City of San Diego Park and Recreation Department Volunteer Program (you may attach a resume):

Languages Spoken, Read or Written: _____

Hobbies/Interests: _____

Special skills/ certificates/ certifications: _____

What inspired you to pursue a Volunteer position with the Park and Recreation Department Volunteer Program, what do you hope to gain, as well as contribute:

Availability/References

What geographic area(s) would you like to volunteer in? (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Downtown/Balboa Park | <input type="checkbox"/> Tecolote Canyon/Serra Mesa | <input type="checkbox"/> Allied Gardens/San Carlos |
| <input type="checkbox"/> Old Town | <input type="checkbox"/> Clairemont/Linda Vista/ Kearny Mesa | <input type="checkbox"/> College Area |
| <input type="checkbox"/> Golden Hill/Stockton | <input type="checkbox"/> Rancho Bernardo | <input type="checkbox"/> Mission Trails |
| <input type="checkbox"/> La Jolla | <input type="checkbox"/> Carmel Valley/Sabre Springs | <input type="checkbox"/> Paradise Hills/Skyline |
| <input type="checkbox"/> Pacific Beach | <input type="checkbox"/> Mira Mesa/Scripps Ranch | <input type="checkbox"/> Encanto |
| <input type="checkbox"/> Ocean Beach/Point Loma | <input type="checkbox"/> North Park/Hillcrest | <input type="checkbox"/> Southcrest/Mt. View |
| <input type="checkbox"/> Mission Bay | <input type="checkbox"/> City Heights | <input type="checkbox"/> South Bay/San Ysidro |

List any physical or health restrictions that might impact your work as a volunteer: _____

I am able to begin on ____/____/____ and will be available on the following days and times

Monday ____:____ am/pm to ____:____ am/pm Tuesday ____:____ am/pm to ____:____ am/pm
Wednesday ____:____ am/pm to ____:____ am/pm Thursday ____:____ am/pm to ____:____ am/pm
Friday ____:____ am/pm to ____:____ am/pm Saturday ____:____ am/pm to ____:____ am/pm
Sunday ____:____ am/pm to ____:____ am/pm

Please list three personal or professional references:

1 _____ (____) _____
Name Relationship Phone

Street address City State Zip

2 _____ (____) _____
Name Relationship Phone

Street address City State Zip

3 _____ (____) _____
Name Relationship Phone

Street address City State Zip

How did you hear about the Park and Recreation Department's Volunteer Program?

- City Employee
- School Bulletin/Flyer
- City of San Diego Website _____
- Friend /Relative
- Volunteer San Diego Website
- Employer _____
- Association with the program _____
- Volunteer Fair _____
- Other _____

NOTICE TO APPLICANTS INTERESTED IN WORKING WITH YOUTH: Thank you for submitting an application to the Park and Recreation Department Volunteer Program. To support the safety of our community and comply with State Law -- **ALL volunteers 13 years of age and older having direct contact with minors and people with disabilities will not be scheduled to volunteer until a criminal records check through the California Department of Justice and fingerprinting process is complete.**

I understand that as a volunteer I am representing the City of San Diego and will adhere to program guidelines.
Applicant's signature _____ Date ____/____/____
Volunteers who are minors, 17 years of age and under, must have parental/legal guardian consent prior to volunteering.
Parent/Legal Guardian's signature _____ Date ____/____/____

For more information, please visit www.sandiego.gov/park-and-recreation/ or contact the Park and Recreation Department Volunteer Office at (619) 533-4017.

Return application to volunteer site of interest or to main office:
City of San Diego
Park & Recreation Department -Volunteer Office
202 C Street, MS 804C, San Diego, CA 92101

Or fax to Park & Recreation Department Volunteer Office at (619) 525-8224

Office Use Only Date Started ____/____/____
Site: _____ On Site Supervisor: _____

**CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT VOLUNTEER PROGRAM
WAIVER AND RELEASE OF LIABILITY FORM**

In consideration of being allowed to participate in the City of San Diego Volunteer Program, I acknowledge and agree that:

1. My child (or I) is volunteering my services for the City of San Diego Park and Recreation Department on a voluntary basis without anticipation of payment of any kind.
2. I acknowledge that the City of San Diego has extended its workman's compensation coverage to authorized volunteers and I agree to accept that coverage.
3. My child (or I) will perform tasks that are within his/her (or my) physical capability to the best of his/her (or my) ability, and my child (or I) will not undertake tasks that are beyond his/her (or my) ability. I certify to the best of my knowledge, that my child's (or my) current physical condition is satisfactory for participation in this activity, and that he/she (or I) am free of any health problem that would affect his/her (or my) ability to participate.
4. I agree to inform my child (or I agree) not to use any equipment or tools with which my child (or I) am unfamiliar or do not know how to operate safely.
5. I agree to inform my child (or I agree) to perform only those tasks assigned, observe all safety rules, and use care in the performance of assignments.
6. I agree that my child (or I) may be photographed, videotaped or recorded and that said photographs, videos or recordings may be used for promotional materials. I understand that my child (or I) will not receive compensation for the use of these and that my child (or I) will not be given notice of when these materials are used.
7. I acknowledge that the City will defend and indemnify my child (or myself) in any claim or action arising from my child's (or my) acts that are within the scope of my child's (or my) duties as a volunteer and in compliance with City policies and procedures, in accordance with City of San Diego Resolution No. 286906. I further acknowledge that the City is not required to indemnify my child (or me) against a claim for punitive damages except as authorized by the City Council pursuant to Government Code Section 825 (b). I agree, however, to defend and indemnify the City in any claim or action arising from my child's (or my) acts that are outside the scope of my child's (or my) volunteer duties.
8. I acknowledge that loss or damage to my child's (or my) personal property used while providing volunteer services is not reimbursable under City regulations.
9. I hereby authorize and give my consent for medical care to be given in an emergency situation to the below named child (or to me) while volunteering.
10. THIS AGREEMENT IS BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.

Volunteer's Name (print) _____ Date of birth ____/____/____

Address _____ Apt. # _____

City _____ Zip _____ - _____ Phone # () _____

Emergency Phone #'s () _____ / () _____

Volunteer's Signature (if participant is 18 years or older) _____ Date Signed ____/____/____

Parent/Legal Guardian signature required if volunteer is 17 years of age or younger.

This is to certify that as a parent/legal guardian of this volunteer, I do consent to his/her waiver and release as set forth above. My child has my permission to volunteer. I realize that participation in this program is voluntary.

Parent/Guardian Name (print) _____ Relationship _____

Parent/Guardian Signature _____ Date Signed ____/____/____



CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT INDIVIDUAL VOLUNTEER PARTICIPATION AGREEMENT

Volunteer's Name _____
Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____
Date of Birth ____/____/____ Social Security Number ____/____/____ E-Mail Address _____

Emergency Contact Information

Person(s) to contact if I become ill or injured while on volunteer assignment:

Name _____ Home Phone (____) _____ Work Phone (____) _____

Name _____ Home Phone (____) _____ Work Phone (____) _____

Name _____ Home Phone (____) _____ Work Phone (____) _____

Any other information you would like in our files in case of emergency.

I, _____, agree to volunteer my services to the City of San Diego Park and Recreation Department in the position of _____. I understand my volunteer work schedule to be the following days: _____ during the following hours: _____ for _____ months or until the project is completed. I certify that I have read and understand the Volunteer Position/Job Description and Volunteer Risk Assessment for this volunteer position, and the rules and regulations applicable to the volunteer position and the City's Volunteer Program. I agree to abide by those rules and regulations. I further certify that I am capable of performing the duties set forth in the position description and know of no physical condition which would preclude the performance of those duties. If I cannot complete the project or otherwise meet my commitment, I will notify my supervisor immediately. I acknowledge that the City has extended its worker's compensation coverage to volunteers and I accept that coverage. I acknowledge that the City will defend and indemnify me in any claim or action arising from my actions that are within the scope of my duties as a volunteer. I further acknowledge that the City is not required to indemnify me against a claim for punitive damages except as authorized by the City Council pursuant to Government Code Section 825(b). I agree, however, to defend and indemnify the City in any claim of action arising from my actions that are outside the scope of my volunteer duties. Finally, I acknowledge that loss or damage to personal property used while providing volunteer services is not reimbursable under City regulations.

Date ____/____/____ Volunteer's signature _____

If the volunteer is a minor (17 years of age and under) a parent/legal guardian must also complete the following information:

I, _____, consent to allow my minor child or dependent _____ to participate in the City of San Diego's Volunteer Program on the terms and conditions set forth above. I have signed this agreement on behalf of _____ and certify that I am his/her parent or legal guardian.

Date ____/____/____ Parent/Legal Guardian's signature _____

If the volunteer is a City of San Diego employee, they must also complete the following information:

I, _____, agree to perform volunteer services for the City of San Diego under the terms and conditions set forth above. I acknowledge and agree that the services I will provide pursuant to this agreement are outside of the scope of my duties as an employee of the City of San Diego, and are not within my job classification and are separate and apart from any paid work responsibilities with the City of San Diego.

Date ____/____/____ Volunteer's signature _____

On Site Name _____ **On Site Supervisor** _____

CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT
VOLUNTEER FINGERPRINT FORM

INSTRUCTIONS FOR THE SITE SUPERVISOR:

ALL VOLUNTEERS WORKING WITH MINORS AND PEOPLE WITH DISABILITIES WILL NOT BE ALLOWED TO VOLUNTEER (EVEN UNDER DIRECT SUPERVISION) UNTIL THEY HAVE BEEN CLEARED BY THE PERSONNEL DEPARTMENT.

1. Complete this form for each prospective volunteer (including minors 13-17 years of age) who will have "direct contact with minors and people with disabilities" or "supervisory or disciplinary authority over a minor and people with disabilities".

2. Instruct the volunteer to make an appointment with Testing at (619) 236-6686. Appointments can be made between the hours of 8:30 a.m. and 4:00 p.m. Monday-Friday. Take this form to the appointment.

**LOCATION: City of San Diego Personnel Department
Civic Center Plaza
1200 Third Ave., Suite 101, San Diego, CA 92101**

3. The volunteer must take his/her valid government issued identification card with a photograph (such as a drivers license, military ID, DMV issued identification card, or passport).

For Minors Only (13 to 17 years of age): In the event the Volunteer does not have a government issued identification card the following will be accepted: School ID card with a photograph and a social security card or an original or certified copy of a birth certificate.

4. The Personnel Department will notify the hiring Site on all volunteer clearances. If you have a question on a clearance status, the Site Supervisor should contact Yajaira Bernal at (619) 236-7137.

DATE: _____ / _____ / _____

TO: PERSONNEL DEPARTMENT

FROM: Frank McCollister / Scott Bentley / Lew Millburn (858) 552-1662
Supervisor Phone Number

Torrey Pines Golf Course (858) 552-1789
Site Fax Number

MAIL STATION: 36T DIVISION: Golf Division

VOLUNTEER'S NAME: _____

ADDRESS: _____

PHONE NUMBER: () _____ WORK SITE: () _____

(PERSONNEL OFFICE USE ONLY)

THIS PERSON HAS CLEARED

THIS PERSON HAS NOT CLEARED

PERSONNEL STAFF _____ DATE _____ / _____ / _____

