

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: _____