

## **Volunteer Application Packet**

#### PLEASANT VALLEY RECREATION AND PARK DISTRICT

1605 E. Burnley Street, Camarillo, California 93010 (805) 482-1996 Fax (7805) 482-3468 Web Page www.pvrpd.org

Dear Prospective Volunteer,

Thank you for your interest in volunteering for Pleasant Valley Recreation and Park District. The attached forms need to be completed prior to volunteering for the District. Once you have completed and returned your packet to the District Office, you will be contacted by our Staff regarding your approval status and assignment.

Thank you for your interest. We look forward to working with you.

Sincerely, Pleasant Valley Recreation and Park District

#### **VOLUNTEER OPPORTUNITIES**

- 1. Special Events include:
  - Arts Crafts Fairs/ Festivals
  - Eggstravaganza
  - Halloween Carnival
  - Christmas Parade

- Pleasant Valley Skate Park
- Senior Expo
- Senior Dances

Remember, all events need assistance with set-up and clean-up. Often, this is the most important assistance that is needed. You may volunteer your services at any or all events.

- 2. **Group Projects:** Tell us the size and ages of your group and we will design a project for you. Examples include tree planting, park clean-up, weed clearing, trail restoration, painting and more.
- 3. **Classes:** Have fun and assist energetic children and adults. Must be enthusiastic and motivated. Partner with us as we provide a challenging, age- appropriate environment to create opportunities to help children mature emotionally, socially, physically and academically.
- 4. Senior Center: There are many ways you can support the work of the Senior Center including contributing your time and talent. Our programs offer social and recreational opportunities which combat isolation and promote good health among seniors.
- 5. **Administration / Clerical Assistance:** Assist the District staff at the Administration office located at 1605 E. Burnley Street in Camarillo, with typing, filing, computer projects, and more.

Please do not show up to volunteer at any of the events or classes without approval form District Staff. We make a schedule of volunteers for each event, and provide the event supervisor with your emergency information in case your parents, guardian, or significant other is needed. If you are doing volunteer work for school credit, please bring the necessary paperwork with you to the site for the supervisor to sign.

### **VOLUNTEER APPLICATION**

Pleasant Valley Recreation and Park District appreciates your interest in its Volunteer Program. To provide a clear understanding of your background and desire to service as a volunteer, please complete all of the questions below. All information will be kept confidential. District volunteers shall not be entitled to any compensation, health or life insurance or other employee benefits.

Please select: $\Box$ Under 18 years of age	☐ 18 years or older			
Name:		Age (Optional):		
Address:				
Street Address	City	State	Zip	
Home Phone:	Cell Phone:			
E-mail Address:				
Do you possess a valid California Driver's	License? □ Yes □ No If	Yes, please atta	ch copy.	
Do you have any condition which would lir assignments: ☐ Yes ☐ No If yes, please				
Optio Education completed:	nal Information			
Elementary School □ Yes □ No Midd	dle School □ Yes □ No	High School □	Yes □ No	
College □ Yes □ No Other:				
Specialized training/skills you may be able	e to offer to PVRPD			
Professional membership				
Foreign Languages	Ε	∃ Speak □ Rea	d □ Write	
Office Skills				

Computer Skills: Please indicate your level of knowledge if any.

Program	Beginner	Intermediate	Advanced
Microsoft Word			
Microsoft Excel			
Microsoft Publisher			
Adobe Illustrator			
Adobe InDesign			

Volunteer Experience			
Are you interested in a particular volunteer ass  If yes, please specify			
I certify that all statements on this application a knowledge.	are true and complete to the best of my		
I hereby authorize the Pleasant Valley Recreat information contained in this application.	tion and Park District to investigate any		
I understand that false or misleading statemen from the District's volunteer program.	ts shall be sufficient grounds for disqualification		
Further, I understand that as a volunteer, I am any expectation of compensation, health or life kind.	offering my services of my own free will without insurance, or other employee benefits of any		
Applicant's Signature	Date		
Parent's Name – If under 18 years of age (Prin	nt) Date		
Parent's Signature – If under 18 years of age	Date		
Emergency Co	entact Information		
In case of an emergency, please contact: Primary:	Secondary:		
Name:	Name:		
Relationship:	Relationship:		
Phone: ( )	Phone: ( )		

#### **VOLUNTEER PARTICIPATION RECOMMENDATION & AGREEMENT**

- Follow rules as explained by the volunteer supervisor. Please remember that the rules are for the safety of the volunteer.
- Activities/assignments are often carried out in an environment possessing risks not normally found in daily life, and at times assistance may be some distance away. We recommend that you wear and bring proper clothing or equipment appropriate for your ability and your medical condition if necessary.
- Observe all safety precautions.
- In addition to other safety precautions:
  - Bring / wear gloves, closed-toed shoes, sunscreen, hat, and other protective items.
  - Bring water. Two quarts per person is recommended.
  - Be aware or poison oak, rattlesnakes, and other animals and plants on or near the trail and parks areas.
  - A first aid kit and cellular phone are recommended.
- Should you find anything of possible historical, cultural or archaeological significance (i.e. bones, artifacts, etc.), STOP IMMEDIATELY. Contact (805) 482-1996 ext 10 or 11. Do not proceed until PVRPD gives approval.
- Ask about anything that is unclear.

# PLEASANT VALLEY RECREATION & PARK DISTRICT RELEASE FORM VOLUNTEER REGISTRATION FORM

Please select:  Under 18 years of age  Today's Date:	years or older			
Name:	Age (Optional):			
	_	(Optional):		
Address: Street Address	City	State	<u></u> Zip	
Home Phone:	Cell Phone:		·	
In case of an emergency, please contact: Primary:	Secondary:			
Name:	_ Name:			
Relationship:	_ Relationship:		<u></u>	
Phone: ()	Phone: ()_			
INFORMED CONSENT AND RELEASE: I, the unders in the Pleasant Valley Recreation and Park district Triploss which may result from my participation in this acti HARMLESS, RELEASE AND FOREVER DISCHARGI officers, employees, independent contractors and other any and all acts of negligence and all claims and dema any persons acting under their behalf, have or may haparticipation in the referenced activity and occurring do of this release will serve as a release and assumption members. I agree that to the best of my knowledge I he which would hinder or prevent my active participation in the which would hinder or prevent my active participation in the referenced activity and occurring do of this release will serve as a release and assumption members. I agree that to the best of my knowledge I he which would hinder or prevent my active participation in the referenced activity and occurring do of this release will serve as a release and assumption members. I agree that to the best of my knowledge I he which would hinder or prevent my active participation in the referenced activity and occurring do occurring do occurring do occurring do occurring have or may liability to me, my children and /ooccur in making , editing or use of said video tape recording of the prevent of th	o Program, hereby assuming the Program, hereby AGREE TO E the Pleasant Valley recording agents and representate ands whatsoever, which the against the District by suring said participation, or or risk for my executors a lave no medical, physical, in the activity referenced are coverage of any kind in the activity referenced are coverage of any kind in the activity referenced are commends that each are commends that each of the programs of the	ne full responsibility for DEFEND, INDEMN reation and Park Districts ("the District"), phe undersigned, and reason of any accider any time subsequent administrators and mental or emotional above.  Is provided by the Participant have appeared that I may not advanced care. I guideline or paramedics of advanced care. I guideline or paramedics of the Please without fees, to make the dependents in my cap review or approve the Recreation and Park pay virtue of any representation.	or all risk of injury or all ry, HOLD, and present, from any third person, or any third person, or any thereto. The terms of for all of my family health condition, all reasons are accident accident all require advanced first and permission to an act to treat me if such and use video tape are, in any manner or the finished product, or District and its	
Applicant's Signature	 Date			
Parent's Name – If under 18 years of age (Print)	 Date			
Parent's Signature – If under 18 years of age	 Date	<del></del>		