



VOLUNTEER APPLICATION

Santa Clara County Parks and Recreation Department

PLEASE PRINT

Name: _____
(Last) (First) (Middle)

Volunteer Position / Park: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: _____ **Email:** _____
(Home) (Work)

EMERGENCY NOTIFICATION: In case of accident, serious illness, or emergency, leave the names of whom you wish to be notified.

Emergency Contact #1: _____ Address: _____
Phone Number: _____

Emergency Contact #2: _____ Address: _____
Phone Number: _____

Explain why you are interested in this position:

List all experience and/or skills that you have in relation to the Volunteer Position you are applying for:

DO YOU HAVE ANY HEALTH LIMITATIONS WHICH MAY RESTRICT YOUR PERFORMANCE OF ASSIGNED DUTIES: YES NO

If Yes please explain: _____

ARE YOU UNDER 18 YEARS OF AGE: YES** NO
IF YES, YOUR PARENT OR LEGAL GUARDIAN MUST READ AND SIGN THE DISCLAIMER BELOW.

AS REQUIRED UNDER CALIFORNIA STATE, CERTAIN POSITIONS MAY REQUIRE THAT VOLUNTEERS BE FINGERPRINTED. FOR MORE INFORMATION CALL (408) 355-2254.

A "VOLUNTEER GUIDELINES HANDBOOK" (Nov., 2003) IS AVAILABLE UPON REQUEST FOR REVIEW FOR EACH VOLUNTEER.

1. Voluntary Participation. I acknowledge that I have applied to provide the following volunteer services to the Santa Clara County Park and Recreation Department:

("Volunteer Services")

2. Medical Insurance. As a volunteer, I will not be eligible for workers compensation benefits, but may be eligible for up to \$5,000 in excess medical coverage provided by the County.

3. Licensure/Certification. The Volunteer Services that I am providing do/do not [circle one] involve an activity that requires licensure/certification under California Law. If licensure or certification is required, I have provided a copy of my license/certification to the County, and represent to County that my license/certification is current.

4. Assumption of Risk. I AM AWARE THAT _____ [describe activity] IS A HAZARDOUS ACTIVITY. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, OR ALLOWING MY CHILD TO PARTICIPATE, WITH KNOWLEDGE OF THE DANGER INVOLVED. BY SIGNING THIS AGREEMENT, I AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE:

_____.

5. Release. I hereby agree that I, my assignees, heirs, guardians, and legal representatives will not make a claim against or sue Santa Clara County, its officers, agents and employees, on account of injury or damage resulting from the negligence or other acts, however caused, by any employee, agent, or contractor of Santa Clara County as a result of my participation or my child's participation in the Volunteer Services. I hereby release Santa Clara County, its officers, agents and employees, from all actions, claims, or demands that I, my assignees, heirs, guardians, and legal representatives now have or may later have for injury or damage resulting from my Volunteer Services or my child's Volunteer Services.

6. Knowing and Voluntary Execution. I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND SANTA CLARA COUNTY AND SIGN IT OF MY OWN FREE WILL.

Executed _____ [date] at _____ [city], California.

[signature of volunteer, or parent or legal guardian if volunteer is a minor child]

[printed name of signator] [printed name of volunteer if minor]

****IMPORTANT! PLEASE READ:**

Volunteers ages 15 and under must fill out this form, have a parent sign it, bring it on the day of the event and have a parent or guardian over the age of 18 accompany them at the event.

Volunteers ages 16 and 17 must fill out this form, have a parent sign it, and bring it with them on the day of the event.