

VOLUNTEER APPLICATION

City of Sacramento, **Access Leisure**, 3291 Truxel Rd. #26 Sacramento, CA 95819
Fax: 916-808-6506

"OPTIMIZE THE EXPERIENCE OF LIVING!"



Please Type or Print Legibly:

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Other _____

E-mail Address _____

NOTE: If you are under 18, a parental consent form must be completed by a parent or guardian.

EMERGENCY CONTACT

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Reason for volunteering? _____

If for school, what school? _____

Do you have a required number of hours you need to complete? YES NO If yes, how many? _____

Do you have a deadline to complete these hours? YES NO If yes, when? _____

Do you have any training or experience in working with people with disabilities? If yes, describe:

Volunteer Experience: _____

Have you ever taken a First Aid or CPR class? YES NO If yes, which one? _____

1. Have you ever been convicted by a court of a misdemeanor? YES NO

2. Have you ever been convicted by a court of a felony? YES NO

3. If "YES" to "1" or "2", state WHAT conviction, WHEN, WHERE, AND DISPOSITION OF CASE(S): _____

Special Skills or Talents:

What are your present goals for a volunteer position? (e.g., gain school credit, work experience, court mandated service) _____

SNOW Camp Media Release

The undersigned, in consideration of the acceptance of this entry, I hereby waive, release, and indemnify the City of Sacramento, Department of Parks and Recreation, Access Leisure, sponsors, staff, and volunteers from any and all liability for any injuries and/or expenses incurred by myself while at SNOW Camp February 27-March 1, 2009. In case of accident arising out of the said activity, medical assistance may be administered to the registrant of this activity. **MEDIA RELEASE:** I specifically grant permission to the City of Sacramento to use the likeness, voice, and words of the registrant in television, radio, films, newspapers, magazines, and media of any form not heretofore described to further the aims of the City of Sacramento.

I agree to conform with the City of Sacramento's rules and regulations. I understand that my failure to follow department policies and procedures may result in the termination of my service from the volunteer program. I also understand that I am not an employee of the City of Sacramento and that all duties performed will be done as an unpaid volunteer.

In case of accident arising out of or in any way connected with participation in City programs I agree to give my consent to any medical treatment deemed necessary by a medical doctor. Volunteers are covered by the City of Sacramento Workers Compensation program.

Volunteer Signature _____ Date _____

Program Supervisor Signature _____ Date _____



FOR OFFICE USE ONLY

START DATE: _____ END DATE: _____ TOTAL HOURS: _____
EVALUATION FORM COMPLETED? YES NO INITIAL _____

ACCESS LEISURE
VOLUNTEER CODE OF CONDUCT

1. Access Leisure volunteers shall conduct themselves in conformity to City of Sacramento, Access Leisure policies and procedures and with the traditional etiquette of programs. This includes, but is not limited to: bringing credit and honor to yourself, your peers, your recreation staff, and the Access Leisure Program.
2. All volunteers will display proper respect and behavior toward peers, recreation staff, administrators, and the public.
3. All volunteers, parents/guardians, administrators, recreation staff, and program participants will practice appropriate conduct:
 - Volunteers will participate in all program activities.
 - Volunteers will encourage participants to be as independent as possible.
 - Volunteers will maintain a positive attitude.
 - Volunteers will treat Access Leisure and fellow volunteers and participants with dignity.
 - Volunteers will treat equipment and facilities with respect.
 - Volunteers will follow all rules set forth by transportation personnel both prior to, during trip, and unloading.
 - Volunteers will know and follow the rules of the activities/events they are participating in.
 - Volunteers will not use or consume alcohol, tobacco or illegal drugs or drugs not prescribed to you. .
 - Volunteers will not knowingly engage in unsafe activities.

Action that will be taken if Volunteer does not comply with code of conduct

1. Program Coordinator and Supervisor will discuss the most appropriate course of action with volunteer.
2. Decision of Program Coordinator is final. If Volunteer is asked to depart program, he or she must leave immediately.

The administrators of Access Leisure are responsible for enforcement of the Code of Conduct.

I, _____ understand that if I **choose** to engage in behaviors or unsafe activities that create a potential hazard to the emotional or physical safety of other volunteers, staff, and/or program participants; or am disruptive to the operation of programs, I will be asked to leave.

Signature

Date