



# VOLUNTEER APPLICATION

## *Jurupa Community Services District*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Personal Information (please print):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ E-mail address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Do you have transportation? Yes \_\_\_ No \_\_\_

Please list any physical limitations: \_\_\_\_\_

In addition to English, please list any languages spoken: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please tell us briefly why you wish to volunteer and how you can contribute to the Jurupa Community Services District:

\_\_\_\_\_

### School Information:

Are you volunteering for school credit? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many hours do you need? \_\_\_\_\_ By what date do the hours need to be completed? \_\_\_\_\_

In conjunction with a club/organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of club/organization: \_\_\_\_\_

### Availability:

Total number of hours per week that you'd like to volunteer: \_\_\_\_\_

On the following days, please indicate the hours that you are available:

MONDAY \_\_\_\_\_  
TUESDAY \_\_\_\_\_  
WEDNESDAY \_\_\_\_\_  
THURSDAY \_\_\_\_\_

FRIDAY \_\_\_\_\_  
SATURDAY \_\_\_\_\_  
SUNDAY \_\_\_\_\_

*The Jurupa Community Services District considers volunteer applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a medical condition or disability, or any other legally protected status. Individuals must be 13 years of age or older to participate in the Volunteers in Action program.*

**In order to better match you to volunteer opportunities, please indicate your interests and your skills.**

**Volunteer activities of interest:**

**Parks Department**

- Project Volunteer (ages 16+)
- Homework Club Tutor/Kids Zone Program (ages 16+)
- Senior Mentoring Program (ages 50+)
- Special Events (16+)
- Survey Volunteer (ages 16+)
- Tiny Tot Reading Program (ages 18+)
- Volunteer Intern (ages 18+)
- Youth Basketball Coach (ages 18+)
- Youth Volleyball Coach (ages 18+)
- Youth Soccer Coach (ages 18+)
- Youth Baseball Coach (ages 18+)
- Youth Softball Coach (ages 18+)
- Youth Sports Assistant Coach (Ages 16+)
- Bulk Mail & Flyer Volunteer (ages 18+)
- Facility Greeter (ages 18+)

**Safety / Security**

- Neighborhood Watch Volunteer (ages 18+)
- Graffiti Cleanup
- Park Watch
- Green Team Program
- Adopt-A-Park Program

**Special Skills You Have to Offer:**

- Minor Carpentry
- Clerical Skills
- Clerical (filing, answering phones, etc.)
- Computers
- Landscape & yard projects
- Painting
- Translator
- Teaching Skills
- Other \_\_\_\_\_

**Miscellaneous**

- Other \_\_\_\_\_

**If you are registered with other volunteer groups, please list:**

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Return to:  
**Jurupa Community Services District**  
**13820 Schleisman Road**  
**Eastvale, CA 92880**  
**(951) 727-3524**

# Volunteer Services Agreement

The Jurupa Community Services District accepts \_\_\_\_\_ into the Volunteer Program. The program supervisors will ensure each volunteer's experience is productive, fun and rewarding. This agreement addresses the commitments made by both the District and the Volunteer.

## I. Jurupa Community Services District Volunteer Program commits to the following:

1. To provide information, training, and support for the Volunteer so that he/she may be confident in the assignment.
2. To provide diligent guidance, supervision, and feedback on performance.
3. To respect the skills, dignity, and individual needs of the Volunteer.
4. To be receptive to comments and suggestions from the Volunteer.
5. To treat the Volunteer as an important partner with the team of paid staff, jointly responsible for completion of the department's Mission.
6. The Jurupa Community Services District considers volunteer applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a medical condition or disability, or any other legally protected status.

## II. Volunteer commits to the following:

1. To perform assigned volunteer duties to the best of his/her ability and to inform the department if changes in his/her situation or health would interfere with the safe performance of those duties.
2. To adhere to District and department rules, policies, and procedures, including record-keeping requirements and confidentiality of District and client information.
3. To respect the dignity and individual needs of peers and clients.
4. To meet time and duty requirements, or to provide adequate notice so that alternate arrangements can be made.
5. My current valid California driver's license number is \_\_\_\_\_. My automobile insurance is maintained with \_\_\_\_\_. I will notify you if my license or insurance is suspended, revoked, or not renewed at expiration.
6. To hold harmless the Jurupa Community Services District, its employees, officers, or agents from any liability arising out of my services as a volunteer, by executing a Release of Liability and Assumption of Risk document.

### AGREED TO:

Volunteer Signature: \_\_\_\_\_ Date \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_ Date \_\_\_\_\_

# Volunteer Manual and Orientation Acknowledgment

In performing the service specified in my volunteer job description, I acknowledge:

- That I have attended the District's Volunteer Program orientation and have been given a Volunteer Manual which includes an overview of the program, my job description, policies and procedures, and safety information;
- That I have acquainted myself with what is required to perform my tasks, and represent that I have the skill and ability to perform them and know of no reason, medical or otherwise, which would prevent me from performing the tasks required;
- That I will adhere to the safety training provided by the supervisor and assume full responsibility for my own safety;
- That I will perform my volunteer service in compliance with the standards and specifications established for my position.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Printed Name: \_\_\_\_\_

# Release of Liability and Assumption of Risk

I desire to participate, and/or allow my minor child, \_\_\_\_\_ ("my child" herein), to participate in the Jurupa Community Services District Volunteer Program ("Program"), which I understand may include, if assigned, sporting and other strenuous physical activities. I understand that while uncommon, serious accidents may occur while participating in the Program, and that participants may sustain serious or fatal injuries as a result. Knowing these risks, however, on behalf of me and/or my child I nevertheless expressly assume all such risks. Furthermore, in consideration of me and/or my child being permitted to participate in the Program, and to the maximum extent permitted by law, I hereby voluntarily waive and discharge in advance, any and all actions, causes of action and claims for personal injury, property damage and/or wrongful death that I, my child, and/or any of our heirs or other successors in interest may have, or that may hereafter accrue, as a result of such participation in the Program, including any transportation and/or all other activities incidental thereto. This release is intended to release, and hold harmless in advance, the Jurupa Community Services District, its officials, officers, employees and volunteers (collectively, "Sponsors") from any and all liabilities, claims and/or actions arising out of or connected in any way with my and/or my child's participation in the Program, even if caused by the active or passive negligence of any of the Sponsors. I further agree that under no circumstances will I, my child, or any of our heirs or successors in interest, prosecute any civil action or claim for personal injury, property damage or wrongful death against any of the Sponsors who, through active or passive negligence or otherwise, might be liable to me or my child, or any of our heirs or other successors in interest for damages.

I further expressly authorize the provision of emergency medical aid to me and/or my child, if needed during the Program.

**I AM SIGNING THIS DOCUMENT WITH THE INTENT TO RELEASE AND HOLD HARMLESS IN ADVANCE THE JURUPA COMMUNITY SERVICES DISTRICT, AND ITS ELECTED OFFICIALS, OFFICERS, EMPLOYEES AND VOLUNTEERS FROM ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE AND/OR WRONGFUL DEATH CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE OF ANY OF THE FOREGOING, TO THE MAXIMUM EXTENT PERMITTED BY LAW. I HAVE READ THIS DOCUMENT AND UNDERSTAND AND ACKNOWLEDGE THAT MY MINOR CHILD AND I ARE GIVING UP IMPORTANT LEGAL RIGHTS BY SIGNING THIS DOCUMENT.**

\_\_\_\_\_  
Printed Name of Adult or Child Applicant

\_\_\_\_\_  
Signature of Adult Applicant or Child's Parent/Guardian

\_\_\_\_\_  
Date

**If a minor (under 18 years of age) please provide:**

Parent/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_

**Emergency contact(s):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Special Health Information: \_\_\_\_\_

**SAMPLE**



# VOLUNTEER PROGRAM TIMESHEET

Volunteer: \_\_\_\_\_ Department: \_\_\_\_\_

Assignment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Instructions:

1. Enter the total number of hours worked each day in the appropriate box, rounding hours to the nearest quarter of an hour.
2. For each week, add up all hours worked and enter total in the right hand column.
3. Add up total hours worked for the month and enter the total in the appropriate space provided.

## 2019

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Weekly Hours
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30	31					

Total hours for the month: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_