

## **Volunteer Application**

## **Orangevale Recreation & Park District**

6826 Hazel Avenue, Orangevale CA 95662 916. 988.4373 FAX/916.988.3496 info@ovparks.com OVparks.com

Thank you for your interest in volunteering with Orangevale Recreation & Park District. There are a variety of opportunities to volunteer with OVparks, some short-term and some on-going. All volunteers are vital to help serve the Orangevale Community. Please complete the following application in its entirety. Our goal is to ensure that OVparks volunteers and the community they serve are safe and have an enjoyable experience. Remember that all volunteers are required to be vaccinated or have a valid exemption. Please read the attached volunteer handbook for all necessary information.

O Youth Applicant (12-17 years old)	O Adult App	licant (18 years or older)
Name:Last	First	Middle Initial
Address:		Wilder Hiller
Phone:	(I can receive Text M	essages at this number <b>YES NO</b> )
Areas of Volunteer Interest- <i>Mark all that</i>	apply:	
Sports Camp Special Events	Youth Teen Programmir	ng Fundraising Senior Where Needed!
	-	tenses or special training you possess which relate to the interests or talents:
I am available to volunteer: Mornings	Afternoons Evenings	☐ Weekdays ☐ Weekends
Known dates of availability:		
Reason for volunteering:		
	nting, handing out OVpark	sks: Event-based tasks such as: running a game s marketing materials, greeting participants, setance and upkeep.
If under 18 years old, please comp	lete Parent/Guardian Info	rmation:
Parent/ Guardian Name:		
Phone (Primary):	First Phone (Second	Middle Initial ndary):
Relationship:	E-mail:	

1. Name:	Email:	
Phone:	Relationship:	
2. Name:	Email:	
Phone:	Relationship:	
Emergency Contacts: (In case of emergency, if under 18, page 18)	arent/guardian will be contacted first)	
1. Name:	Relationship:	
Phone (Day):	Phone (Evening):	
2. Name:	Relationship:	
Phone (Day):	Phone (Evening):	
Please Read and Initial Each Paragraph a	and Sign and Date Below	
	OVparks, I am not now and will not become an employee of OVparks and have derstand that my status as a volunteer may be terminated at any time for any	
I hereby authorize OVparks to contact	ct my references regarding my suitability for a volunteer position.	
I understand that my position as a required by Section 11105.3 of the Penal	volunteer is contingent upon the completion of a background questionnaire as I Code.	
I understand that in the event of an epolicy.	emergency, volunteers are covered under OVparks Workers' Compensation Plan	
I acknowledge that I have been inforrisk.	rmed of OVparks COVID-19 vaccination policy as a volunteer during times of high	
I have read, understand, and fully agree	to the above:	
Applicant Name:	<del></del>	
Applicant's Signature:	Date:	
If Volunteer is under the age of 18 years	ears old, a parent or Guardian's signature is required.	
Parent/ Guardian Name Printed:	Relationship:	
Parent/ Guardian Signature:	Date:	