

References: List names and contact information of two references you have known for at least one year, including employers. Do not use relatives.

1. Name: _____ Email: _____

Address: _____

Phone: _____ Relationship: _____

2. Name: _____ Email: _____

Address: _____

Phone: _____ Relationship: _____

Emergency Contacts:

(In case of emergency, if under 18, parent/guardian will be contacted first)

1. Name: _____ Relationship: _____

Address: _____

Phone (Day): _____ Phone (Evening): _____

2. Name: _____ Relationship: _____

Address: _____

Phone (Day): _____ Phone (Evening): _____

Please Read and Initial Each Paragraph and Sign and Date Below

___ I understand that as a volunteer for the District, I am not now and will not become an employee of the District and have no employment rights of any kind. I understand that my status as a volunteer may be terminated at any time for any reason.

___ I hereby authorize the District to contact my references regarding my suitability for a volunteer position.

___ I understand that my position as a volunteer is contingent upon the completion of a background questionnaire as required by Section 11105.3 of the Penal Code.

___ In the event of an emergency, volunteers are covered under the OVParks Workers' Compensation Plan Policy.

___ I acknowledge that I have been informed of the District's COVID-19 vaccination requirement policy as a volunteer

I have read, understand, and fully agree to the above:

Applicant Name: _____

Applicant's Signature: _____ **Date:** _____

OVPARKS VOLUNTEER CONTRACT

First Name: _____ Last Name: _____

As an Orangevale Recreation & Park District Volunteer, I agree to: **(initial each statement if you agree to and understand)**

_____ I will arrive on-time and ready to volunteer.

_____ I will notify my supervisor as soon as possible if I am unable to work my shift.

_____ I will sign in and out each time I volunteer.

_____ I will be courteous to staff, members of the public, and other volunteers.

_____ I will comply with the expectations as outlined in the Volunteer Manual.

_____ I will report all accidents, illnesses, or other personal safety incidents immediately to my supervisor, or other staff in charge.

_____ I will notify the supervisor when I am no longer able or available to volunteer for OVParks.

I understand that the Orangevale Recreation & Park District Volunteer Manual describes important information about OVParks and that I should consult my supervisor regarding any questions not answered in this manual. I understand that the OVParks Volunteer Manual is subject to change without notice and that as a volunteer, I will receive a copy of any and all changes in a timely manner. All updates supersede prior volunteer policy/procedures. I acknowledge that the OVParks Volunteer Manual is neither a contract nor legal document. The OVParks Volunteer Manual is not a promise of volunteer hours. I have received a copy of the OVParks Volunteer Manual and have read and understand and will comply with the policies.

Volunteer Signature: _____ Date: _____

If Volunteer is under the age of 18 years old, a parent or Guardian's signature is required.

Parent/ Guardian Name Printed: _____ Relationship: _____

Parent/ Guardian Signature: _____ Date: _____

MEDICAL INFORMATION AND HEALTH HISTORY

NOTE: The purpose of this section of OVParks' form is to authorize adult employees of the Orangevale Recreation & Park District to obtain medical, surgical, or dental aid for you or your child should the need arise. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. As the individual participant, parent, agency representative, or legal guardian, I hereby give consent to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D) or dentist (D.D.S) for (individual) _____ .This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the volunteer.

Name: _____ Gender: _____
(Last Name) (First Name)

Birth Date: ___ / ___ / ___ Address: _____ City: _____

Physician's Name _____ Telephone _____

Insurance Carrier _____ ID _____

Dentist's Name _____ Telephone _____

Insurance Carrier _____ ID _____

Date of Last Tetanus Shot _____

Allergies: Hay Fever ___ Poison Ivy ___ Insect Stings ___ Foods* ___ Medications ___

Identify/Other: (Latex, Hand Sanitizer, Etc.) _____

*Please identify any dietary allergies or preferences: _____

Chronic or recurring health conditions or concerns: _____

CONSENT TO TREATMENT

ORANGEVALE RECREATION & PARK DISTRICT, AUTHORIZATION BY ADULT PARTICIPANT OR VOLUNTEER, PARENT OR LEGAL GUARDIAN TO ADULT PERSON TO CONSENT TO MEDICAL, SURGICAL, HOSPITAL AND DENTAL CARE TO MINOR OR PARTICIPATING INDIVIDUAL.

THE UNDERSIGNED, who is themselves an adult participant or volunteer, or the parent having legal custody, or the legal guardian of (child) _____ hereby authorizes any adult staff member of the ORANGEVALE RECREATION & PARK DISTRICT, into whose care the named minor child or signed individual has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to under the general or special supervision and upon the advice of a physician or licensed under the provisions of the Medical Practice Act, or to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practice Act. It is understood that the Orangevale Recreation & Park District neither assumes nor admits to any liability for payment of any medical or related services, including ambulance fees, rendered pursuant to this authorization.

This authorization is given in consideration of participation of the named minor child in a program or programs conducted by the Orangevale Recreation & Park District.

I give consent to treatment of the participant. I do not consent to treatment of the participant.

*If individual/parent/guardian does not give consent to treatment **no** first aid will be rendered by District Staff until after confirmation has been received from the parent or guardian.*

Participant or Parental/Guardian Signature _____ **Date:** _____