



Volunteer Application

Volunteer must be 13 to 17 years of age

APPLICANT INFORMATION

Name _____ Birthdate _____

Address _____ City _____ Zip _____

Home Phone _____ Alt Phone _____

Emergency Contact Person _____

Relation _____ Emergency Phone Number _____

INTERESTS

Please check the programs/areas in which you would like to volunteer:

Activity/Program	Special Event
Crafts for Kids	Easter Program
Youth Basketball*	4 th of July Fiesta
Lil' Dunkers*	September Fiesta
Flag Football*	Annual Car Show
Winter Cheer	Halloween Carnival
Fall Cheer	Christmas Program
Referee (Youth Sports)*	Youth Sports Snack Bar

*Volunteer must be an ADULT over the age of 18 for these programs

AVAILABILITY

Please write in the times, "any" or "none" for each day of the week. If there are certain dates you can or cannot work, rather than a weekly availability, please write those dates under "Other".

Sun _____ Mon _____ Tues _____

Wed _____ Thurs _____ Fri _____

Sat _____ Other _____

Please make sure the waiver on the reverse side is completed before turning in your application. Thank You!

We're sorry, the Recreation Department DOES NOT accept Court Referrals/Court Ordered Community Service for any kind of volunteer work with our programs or events.

FOR OFFICE USE ONLY

Application received on _____ Received By _____

SCHOOL INFORMATION

Name of School Attending _____

Are you volunteering for school credit? _____ Yes _____ No

Are you volunteering for a club/organization? _____ Yes _____ No

Name of club/organization: _____

If Yes, how many hours do you need? _____

By what date do the hours need to be completed _____

Volunteer Waiver & Release Agreement

Volunteer Name _____

Parent/Legal Guardian _____

I, the undersigned, an adult over the age of eighteen and the parent or legal guardian, in consideration of _____ (name of volunteer) being granted permission to participate as volunteer for the City of Irwindale Recreation Department, hereby for myself, children, heirs, executors, administrators, and assignees, waive and release any and all rights and claims for damages against the organization, this event, this activity, it's agents, representatives, successors, and assigns for any and all injuries suffered by me or my children as a result of the volunteer program or event of which I take part. I understand the affect of this document and I have signed voluntarily.

As the adult parent or legal guardian of the aforementioned applicant, I give my permission for my child to participate in the Volunteer Program for the Irwindale Recreation Department.

Please initial: _____

Signed: _____ Date: _____

Parent or Legal Guardian

I hereby certify that I have never been arrested for or convicted of any felony or misdemeanor involving sexual or physical abuse of any adult of child, or any felony narcotics offense. I authorize the City of Irwindale to obtain my criminal records (if applicable) and understand that the fact that I am applying to volunteer will be reported to law enforcement agencies.

Signature: _____ Date: _____

This waiver and application is valid for one year from the date received.