



Volunteer/Community Service Application

**Thank you for your interest in volunteering for
Santa Rosa Recreation, Parks & Community Services!**

City of Santa Rosa Volunteer Policy: It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

INSTRUCTIONS: Please fill out this form to the best of your ability. If any of the information on this form changes, please notify the department contact immediately.

- | | | |
|--|--|---|
| <input type="checkbox"/> Group Project | <input type="checkbox"/> Eagle Scout Project | <input type="checkbox"/> Individual/Service Hours |
| <input type="checkbox"/> Intern | <input type="checkbox"/> Adopt-A-GreenSpace | <input type="checkbox"/> Park Watch (Skip Project Info section) |
| <input type="checkbox"/> Other | | Note: Park Watch volunteers must be 18+ |

Day(s)/Date of Project: _____ Time of Project: _____ to _____

Park/Location/Site: _____

MAIN CONTACT INFORMATION:

Name:		Home Phone	
Work Phone		Cell Phone	
Address:			
Email:			

GROUP INFORMATION:

(If this is a group effort please complete this section. If not, skip to Emergency Contact)

Name of Organization:			
Address of Organization:			
Business Phone:		Fax:	
Estimated number of volunteers:		Estimated age range of volunteers:	to

EMERGENCY CONTACT:

Name: _____

Phone: _____

Name: _____

Phone: _____

PROJECT INFORMATION

Description of Work to be Performed:

Equipment/Supplies You Can Provide:

Approximate hours to complete project: _____

- I understand and agree to the project concept stated above.
- As directed, I will obtain signed liability releases from all participants and deliver to the department contact before work begins (if under 18, need parent’s signature).
- I agree to coordinate work schedule/dates/times/details with the department contact.
- I agree this project will be completed by:_____ or I will notify the department contact.

 By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I authorize the City to perform a background check as necessitated by the volunteer position for which I am applying. I do hereby release, waive, discharge, and relinquish City of Santa Rosa and their officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them arising from or attributable to my participation in the volunteer activity, whether same shall arise by their negligence or otherwise. Furthermore, I warrant that I am in good health and have no physical condition that would prevent me from volunteering in this capacity.

- I understand and agree that I am volunteering my services without any anticipation of financial compensation.

Name (printed): _____

Signature: _____

Date: _____

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FOR DEPARTMENT USE:

Permit #: _____

Date Received: _____

Day of Project Department Contact: _____ Phone: _____

Notes:
