



City of Downey Volunteer Interest Form

Office Use Only	
Received:	_____
Fee/T-Shirt Paid:	_____
Training:	_____
Emailed HR:	_____
Cleared from HR:	_____

To apply to the Volunteer Program, you must:

- Commit to volunteering at least 40 hours per year
 - We will not accept assignments ordered by the court
- Commit to volunteering at least one special event per year.
- Pass the fingerprinting/background check, attend mandatory orientation and pay a T-Shirt fee \$15.

T-Shirt Size: ___SM ___MED ___LG ___XL ___ Middle School Student ___ High School Student ___Adult

Are you a returning volunteer for the City of Downey? ___Yes (when did you last volunteer) _____ ___No

Reason for Volunteering? _____

Name _____

Address _____ Apt. /Unit _____

City _____ State CA Zip _____

Home # _____ Cell Phone # _____ Email: _____

Emergency Contact #1 _____ Relationship _____ Phone Number _____

Emergency Contact #2 _____ Relationship _____ Phone Number _____

Availability: Please write in the **hours** you are available to volunteer. **Ex- 2:00pm-6:00pm**

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

Please mark the site(s) you are interested in volunteering (This does not guarantee placement).

Parks and Recreation: _____ Apollo Park (Sports) _____ Parks Office/ Playground Adventures

City Hall (8:30am-5:30pm): _____ Engineering _____ Finance _____ Human Resources Other: _____
_____ Building & Safety _____ Code Enforcement

If you are interested in volunteering at Camp Downey, please visit the camps website at www.downeyca.org/camps

Photo Release

I understand that a representative may photograph or video record activities at Parks and volunteering sites. By registering for the volunteer program you are authorizing the City of Downey to use or publish any photographs or videos taken by the City showing your participation or your child/children to promote Parks and Recreation programs on the City's website, city social media, future publications of Discover Downey and/or flyers unless you otherwise decline.

Signature of Volunteer (or Parent/Guardian if under 18yrs old): _____ **Date:** _____

Volunteer Agreement

I understand that I am expected to volunteer at least 40 hours and 1 special event a year. I will follow the schedule assigned to me and notify my supervisor promptly if I am unable to work as scheduled. I also understand that I will be expected to perform my assigned tasks in a businesslike and efficient manner. I understand and agree that the City of Downey is not responsible for lost, stolen or damaged personal items while I am volunteering at my site.

I understand I must attend a volunteer training, and pay the applicable fees through the city prior to volunteering at a site.

Volunteer Signature _____ **Date** _____

Waiver, Release, Assumption of the Risk & Indemnification Agreement-
City of Downey Department of Parks & Recreation

In consideration for being permitted by the City of Downey Department of Parks & Recreation (City) to participate in Department Program(s), I, on behalf of my minor child/myself, hereby waive, release, and discharge any and all claims for damages for personal injury, death, communicable diseases, illness, virus, or property damage which my minor child/myself has, or which may hereafter accrue to my minor child/myself, as a result of participation in said Program(s). This release is intended to discharge in advance City, and City's officers, employees, volunteers and agents from any and all liability arising out of or connected in any way with my minor child's/myself participation in Department Program(s), even though that liability may arise out of active or passive negligence or carelessness on the part of the City, and/or the City's officers, employees, volunteers, agents and other participants of program. It is understood that the Department Program(s) involves or may involve an element of risk and danger of accidents to my minor child/myself, and knowing those risks I hereby assume those risks on behalf of my minor child/myself. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, successors and assigns.

I further agree for myself, my heirs, administrators, executors and assigns to indemnify, defend and hold harmless City and City's officers, employees, volunteers and agents from any loss, liability, damage, cost, or expense which each of them may incur as a result of any injury, death or property damage that any third party may sustain as a result of the negligence or willful misconduct of my minor child/myself while participating in the Department Program(s).

I hereby consent that my son/daughter/myself participate in the above named Department Program(s), and I hereby execute this Waiver, Release, Assumption of the Risk & Indemnification Agreement on his/her/my behalf. I state that the minor/myself named on this form is physically able to participate in said Department Program(s). I hereby agree to indemnify, defend and hold harmless the City, and/or City's officers, employees, volunteers and agents from any loss, liability, damage, cost, or expense, which each of them may incur as a result of any injury, communicable disease, illness, virus, death or property damage that said minor/myself may sustain while participating in the Department Program(s).

I HAVE CAREFULLY READ THIS WAIVER, RELEASE, ASSUMPTION OF THE RISK & INDEMNIFICATION AGREEMENT, HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS REGARDING THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER, RELEASE OF LIABILITY, ASSUMPTION OF THE RISK & INDEMNIFICATION AGREEMENT BETWEEN ME AND THE CITY OF DOWNEY AND I SIGN IT FREELY AND VOLUNTARILY.

Signature of Volunteer (or Parent/Guardian if under 18yrs old)

Date

Print Name of Volunteer or Parent/Legal Guardian: _____

Medical Release

In the event of an emergency, I, _____, hereby designate an adult leader of the City of Downey Department of Parks & Recreation as my agent with full authority to authorize emergency medical attention or treatment and health services and care by any licensed physician or surgeon or any licensed hospital for my minor child/myself whenever such treatment or care is required for any condition which endangers the life and/or limb of my minor child/myself. (Please provide the medical/health insurance information below):

Family Physician: _____ Telephone: _____

Medical Insurance Company: _____ Policy No. _____

Does your child have any medical conditions or allergies to medication(s)? If yes, what? _____

Signature of Volunteer (or Parent/Guardian if under 18yrs old)

Print Name of Volunteer/Parent/Legal Guardian: _____

Date

Return Interest Form to:

Barbra J. Riley Community and Senior Center
Attention: Volunteer Coordinator- Ashley
7810 Quill Drive,
Downey, CA 90242
(562) 904-7223,
adoshi@downeyca.org



VOLUNTEER CONTRACT

Please initial on the line next to each statement indicating that you have read and agree to adhere to our policies.

____ Will show **respect** towards the staff, my peers, and the children with whom I work. Inappropriate behavior or offensive language is not to be used at any City activity or event.

____ Will be **dependable** by working all shifts that I am scheduled for and will give 24-hour notice to the volunteer supervisor, if a problem arises, which would prevent me from performing my duties.

____ Will **actively** participate and complete the tasks assigned to me to the best of my abilities.

____ Will make **efficient** use of my time by seeking out ways in which I may help others after completion of my own responsibilities.

____ Will **dress** appropriately (volunteer t-shirt and/or other required attire) and maintain a clean appearance.

____ Will maintain a **positive** attitude and remain flexible to change.

Failure to comply with the Volunteer Contract will result in the following consequences:

1st Violation

Verbal warning and review of contract. Staff will discuss the inappropriate behavior/conduct with the Volunteer and review the expectations and responsibilities of their position.

2nd Violation

If a minor, staff will make a phone call to parent to discuss inappropriate behavior/conduct and/or failure to meet the expectations and responsibilities of the Volunteer Program. If an adult, the volunteer will receive a phone call to discuss inappropriate behavior/conduct and/or failure to meet the expectations and responsibilities of the Volunteer Program.

3rd Violation

Potential removal from the program.

*The Parks & Recreation Department reserves the right to handle extreme violations of the Volunteer Contract at their own discretion.

I have read and understand the volunteer contract.

Volunteer Name (print)

Volunteer Signature

Date

Parent/ Guardian Name (print)

Parent/ Guardian Signature

Date