



# Volunteer Application

Volunteers help us achieve our mission to enrich the quality of life for our community by providing a variety of recreation activities and facilities that promote health and wellness, learning, and fun. Your dedication and dependability are extremely important.

(For office use only)  
Last Name: \_\_\_\_\_

Name (please print): \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

First Name: \_\_\_\_\_

### Please check the volunteer program(s) that interest you the most:

- Aquatics       Camps       Golf       Nature       Parks       Photography
- Senior Adults       Special Events       Special Needs       Sports       Theatre       Youth

Current employment status?  Employed  Retired  Self-employed  Student  Unemployed  
If employed, please list profession and employer. If student, please list school and grade.

\_\_\_\_\_

### What is your highest level of education?

- High School Graduate       Some College       College Graduate       Graduate Degree

What days and hours are you available to work? \_\_\_\_\_

Have you personally used our services? If so, please describe: \_\_\_\_\_

How were you referred to us?  Volunteer Match       HARD Website       Other \_\_\_\_\_

Other information to share with us (Specific skills, qualifications, foreign language skills, trainings):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program: \_\_\_\_\_

Fingerprint Date: \_\_\_\_\_

See reverse side for Volunteer Background Information, Commitments and Declaration.

## Volunteer Background Information, Commitments and Declaration

### **Hayward Area Recreation and Park District- Screening and Background Check Policy**

All employees and volunteers shall submit to a screening process. Pursuant to the requirements of Section 5164 of the Public Resources Code of the State of California, Hayward Area Recreation and Park District requires that all employees or volunteers age 18 or over (age 17 if it is anticipated they will turn 18 during the time in their position), be fingerprinted at the time of hire, even those not in a position having supervisory or disciplinary authority over any minor or dependent adult. Fingerprinting will be done through a Live Scan location designated by the District and at District cost, who will then submit the fingerprints to the Department of Justice. Non-employees (independent contractors) shall also be subject to this policy, but at their own expense. Fingerprinting must be completed prior to the employee, volunteer or independent contractor's first day on the job.

### **Volunteer Commitments**

- I will perform only the duties described by the job description and/or my site supervisor or coordinator.
- I will always work with children in a location that is supervised by H.A.R.D. staff and will notify the supervisor if I am ever asked to work in an unsupervised setting.
- I will not obtain phone numbers, e-mail addresses, or home address from children and/or participants.
- I will not socialize and have contact with any children and/or participants outside of the program.
- I will follow H.A.R.D.'s Code of Conduct, Rules and Policies and behave appropriately.
- I will honor confidential information.
- I will be free of the influence of alcohol or illegal substances when volunteering.
- I will never purposefully endanger the life or health of a participant.
- I will inform the supervisor of any changes in my address, phone numbers, or emergency contact.
- I will inform the supervisor if I will be absent and when I will stop volunteering.
- I have read the above commitments and policies and understand that I may be dismissed at any time as a volunteer.

### **Volunteer Declaration**

I hereby certify that all statements made in this application are true and declare under penalty of perjury that any information provided is true and correct. I agree and understand that misstatements or omissions of material or facts herein may forfeit my rights to volunteer and H.A.R.D. may immediately cease allowing me to perform voluntary services, without notice. In seeking to be accepted as a H.A.R.D. volunteer I understand that my volunteer assignment may be terminated at any time, without notice. I hereby agree to indemnify and hold H.A.R.D. harmless from any and all claims, causes of action, suits, actions, damages, losses or liability arising out of volunteering or termination of my volunteer service rendered to H.A.R.D.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** (If volunteer is under 18 years): \_\_\_\_\_ **Date** \_\_\_\_\_

**H.A.R.D. Reviewer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_