

La Pine Park & Recreation District
Community School & Summer Program

16405 1st Street, P.O. Box 664, La Pine, OR 97739
(541) 536-2223

Volunteer Application

Date: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Birth Date: _____/_____/_____
month day year

Availability:

What days are you available to volunteer?

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
- Mornings _____ Afternoons _____ How many hours per day / week? _____

Will you be volunteering to fulfill any kind of requirement?

- Yes No
- If yes, how many hours? _____ What organization? _____

How did you hear about volunteer opportunities with the District?

- Brochure District Website Outreach Presentation Media Friend Other _____

What volunteer activities are you most interested in?

Homework Assistance Center

- General Homework Assistant
- Tutor- Math
- Tutor- Reading
- Room Monitor
- Supper Program Assistant

Enrichment Activities

- Course Instructor
- Instructor Assistant
- Supervision / Teen Lounge
- Course Attendant
- _____

Group Games / Open Gym

- Games Instructor
- Open Gym Monitor
- _____
- _____
- _____

Youth Volunteer Club

- Volunteer Lead
- Service Project Assistance
- Special Event Coordinator
- Student Marketing

Summer Camps

- Registration Tables
- Meal Preparation
- Games Helper
- Crafts Helper

Fundraising Committee

- Community Donations
- Community Events
- In Kind Donations
- Grant Writing

Skills and abilities:

Hobbies: _____

Education/special training: _____

Professional License(s): _____ Professional Certifications: _____

Do you speak any languages other than English? _____

Are you CPR certified? Yes No Expiration date: _____

Are you First Aid certified? Yes No Expiration date: _____

Occupation: _____ Employer: _____

Relevant Experience (paid or volunteer) _____

Why are you interested in volunteering: _____

Emergency Contact:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Relationship: _____

Personal References:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Relationship: _____

Thank you for your interest in volunteering for the La Pine Park & Recreation District!

The La Pine Park & Recreation District's programs, services, employment opportunities, and volunteer positions are open to all persons without regard to race, religion, color, national origin, sex, age, marital status, disability, or political affiliation.

All volunteers will be subject to a background check. Please refer to the attached release of information form.

AGREEMENT, WAIVER & RELEASE

I _____ UNDERSTAND THAT I AM TO BE A VOLUNTEER WITH THE LA PINE PARK & RECREATION DISTRICT COMMUNITY SCHOOL AND SUMMER PROGRAM. THE INFORMATION THAT I HAVE PROVIDED ABOVE IS TRUE. I HEREBY RELEASE MYSELF AND/OR MYCHILD FOR A VOLUNTEER EXPEREINCE THROUGH LA PINE PARK & RECREATION DISTRICT AND AUTHORIZE STAFF, INSTRUCTORS, VOLUNTEERS AND COACHES TO DIRECT MYSELF AND/OR MY CHILD IN PARTCIPATION OF ACTIVITIES. I KNOW OF NO MENTAL OR PHYSICAL PROBLEMS, WHICH MAY AFFECT MYSELF AND/OR MY CHILDS ABILITY TO SAFELY PARTICIPATE IN VOLUNTEER ACTIVITES. I AUTHORIZE STAFF AND OR OTHER VOLUNTEERS TO ATTEND TO ANY HEALTH PROBLEM OR INJURY TO ME AND/OR MY CHILD THAT MAY OCCUR WHILE PARTICIPATING. I HEREBY RELEASE AND HOLD HARMLESS THE LA PINE PARK & RECREATION DISTRICT, COMMUNITY SCHOOL AND SUMMER PROGRAM VOLUNTEERS, PLAYERS, COACHES, AGENTS AND BOARD OF DIRECTORS FROM ANY LIABILITY THAT MAY ARISE FROM MY PARTICIPATION.

I HAVE READ THE ABOVE WAIVER AND RELEASE. I UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Signature

DATE: _____

Signature of Parent/ Guardian (if under 18)

DATE: _____

We make a living by what we do, but we make a life by what we give.
~Winston Churchill

**La Pine Park & Recreation District,
PO BOX 664, La Pine OR 97739, Tel. 541.536.2223**

Criminal History Verification

(Type or print clearly)

Last Name _____ First Name _____ Middle initial _____

Other Names Used (include maiden name) _____

Address _____

City _____ State _____ Zip _____ Date of Birth _____

Male ____ Female ____ Valid Drivers License # _____

Valid Auto Insurance Carrier _____ Policy Number _____
(If driving for the district)

Have you ever been convicted of a sex-related crime? _____ Yes ____ No
If **yes**, was the conviction in Oregon, or in another state? (Please specify state) _____

Have you ever been convicted of a crime involving criminal activity in drugs or alcoholic beverages?
_____ Yes ____ No
If **yes**, was the conviction in Oregon, or in another state? (Please specify other state) _____

Have you ever been convicted of any other crime except a minor traffic violation? _____ Yes ____ No

Have you ever been arrested for a crime for which there has not yet been an acquittal or dismissal?
_____ Yes ____ No

ADVISORY: A check of the applicant's criminal history will be made to verify the responses to the preceding questions. The check will be made annually unless it is deemed necessary by the district to complete one more often.

I hereby grant to La Pine Park & Recreation District permission to check civil or criminal records to verify any statement made on this form. **I certify that the responses to each of the questions are true. I understand that a false or incomplete response will be grounds for releasing me from employment and/or voluntary service immediately upon discovery of a discrepancy.**

Regardless of whether the applicant grants consent, La Pine Park & Recreation District will conduct a criminal offender record check of prospective employees, independent contractors, and volunteers working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate civil rights law under specific circumstances. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, 4th Floor, Portland, OR 97201, telephone 503-229-6600.

I acknowledge receipt of this notice.

Applicant's Signature

Date

Parent/Guardian Signature (If applicant is a minor)

Date

Note: Failure to sign shall be sufficient cause for disqualification.

Volunteer Position: _____