



West Side Recreation & Park District

500 Cascade Place Taft, CA 93268
Phone (661) 763-4246 Fax (661) 763-4240
info@wsrpd.com www.wsrpd.com

VOLUNTEER APPLICATION

First Name: _____ Last Name: _____

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

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

Emergency Contact: _____ Phone: _____

Complete only if volunteering for a position that requires driving:

CA Drivers License Number: _____ Exp. Date: _____

Have you ever served as a volunteer or employee for WSRPD? Yes No

If yes: Date(s): _____ Program(s): _____

Date(s): _____ Program(s): _____

Program(s) interested in volunteering for: _____

For Sports: Head Coach Assistant Coach for (list head coach): _____

Special skills, experience, and/or education related to the particular area for which you are volunteering:

Have you ever been convicted of a criminal offense (*felony or serious misdemeanor*)? Yes No

(Convictions for marijuana related offenses that are more than two years old need not be listed.)

If yes, state nature of the crime(s), when and where convicted and disposition of the case:

(Note: No volunteer will be denied solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered)

VOLUNTEER PARTICIPATION AGREEMENT

I agree to take my volunteer commitment seriously and perform my assigned tasks in a professional and efficient manner; follow my assigned schedule and to notify my program supervisor promptly if I am unable to work as scheduled because of unavoidable absence or delays, or the need to discontinue my assignment before its completion; respect the confidentiality of all material with which I come into contact. **I understand that I will be required to submit to a criminal background check and I agree to be live-scanned at district expense.**

I certify that the statements made in this volunteer application are true and correct, and that false or misleading information will subject me to disqualification or dismissal from volunteer services. I further understand that in order for the district to comply with Section 5164 of the Public Resource Code **all** positions will be subject to fingerprinting and a background check **prior** to starting volunteer position(s).

Date: _____ Volunteer Signature: _____

If applicant is under 18 years of age, this application must be signed by the volunteer's parent or guardian.

Date: _____ Parent/Guardian Signature: _____