

# Parks and Community Services Volunteer Program Application (Youth)

Please print clearly and in black or blue ink.

Return application to Parks & Community Services Customer Service Office at:  
231 Union Street, Watsonville, CA 95076



Completion of the volunteer program application does not guarantee placement or engagement as a City of Watsonville volunteer program participant. Qualified volunteer applicants are considered without regard to race, color, religion, gender, national origin, age, sexual orientation, marital status, and non-job related medical condition or disability. For more information please call (831) 768-3240.

Full Name: \_\_\_\_\_

Are your hours a school/agency requirement? \_\_\_\_\_

*I prefer to be called by the name:* \_\_\_\_\_

How many hours must you complete? \_\_\_\_\_

What is your gender identity?  Male  Female  
 Non-Binary  Prefer Not to Answer  Other: \_\_\_\_\_

What is your birth date? Year is optional.  
\*only used for celebratory purposes\*  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

What is your shirt size?  
Adult unisex sizes  
S M L XL 2XL 3XL

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

Emergency Contact Name: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

Do you have any special needs/restrictions? \_\_\_\_\_

## Availability & Assignment Request

How often would you like to volunteer? \_\_\_\_\_ When are you available to start? \_\_\_\_\_

What is the length of time that you are available to volunteer? \_\_\_\_\_

**Please mark the days and times that you are available to volunteer:**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**Please check all areas of interest:**

<input type="checkbox"/> Youth Development	<input type="checkbox"/> Senior Center	<input type="checkbox"/> Special Events	<input type="checkbox"/> Aquatics
<input type="checkbox"/> Watsonville Public Library	<input type="checkbox"/> Teen Action Council	<input type="checkbox"/> Parks/Adopt-A-Park	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Sports	<input type="checkbox"/> Parks	<input type="checkbox"/> Teaching classes/workshops	Subject: _____

## Additional Info

Name of School \_\_\_\_\_ What is your T-Shirt size? \_\_\_\_\_

Grade Year \_\_\_\_\_ What is your birthday? (year optional) \_\_\_\_\_

*Do you currently hold any special certificates, licenses, or registrations (First Aid, CPR, etc.)?*

What special skills, interests, or hobbies would you like to share? \_\_\_\_\_

What languages, other than English, can you speak proficiently in? \_\_\_\_\_

What are your goals as a volunteer? \_\_\_\_\_

**Please complete both sides of this form.**

## References

Provide two references that are familiar with your academic, professional, or volunteer service. Do not list relatives:

Name	Relationship	Address	Phone Number
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I hereby certify that all statements made in this application are true and correct to the best of my knowledge and I authorize investigation of all matters contained in this application or data pertinent to my volunteering. I acknowledge that any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal. I understand and agree that in the performance of voluntary services I am not a City of Watsonville employee and shall have no rights to wages or benefits and no promise, expressed or implied, of consideration for future employment agree to indemnify and hold the City of Watsonville, its employees and contractors, harmless from any and all liability for any injury that may be suffered arising out of or in any way connected with my participation in this program. I also agree to grant full permission to the City of Watsonville to use my name and any photographs, videography, motion pictures, or recordings for any purpose whatsoever without any obligation, liability, or compensation to me.

The undersigned, in consideration of serving as a volunteer for the City of Watsonville, agrees to indemnify and hold the City, its employees and its agents harmless from any and all liability for any injury, death, loss or harm that occurs by the above named volunteer, arising out of, or in any way connected with, participation in this program. I hereby authorize and give consent to the City of Watsonville, its successors and assigns, to copyright, broadcast, publish and display all photographs and videos taken by them in which I and/or my children appear.

**Signature of Applicant:** \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Legal Guardian: \_\_\_\_\_

## For Office Only

Name of Supervisor: \_\_\_\_\_ Dept/ Program: \_\_\_\_\_

Application Received: \_\_\_\_\_ Live Scan Appt.: \_\_\_\_\_ Date Cleared: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Hours Completed: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Not approved  Reason: \_\_\_\_\_

***Please complete both sides of this form.***