

CITIZENS
ACTIVITY
TEAMS

YOUTH VOLUNTEER PACKET



130 SOUTH MAIN STREET
LAKE ELSINORE, CA 92530

TELEPHONE (951) 674 - 3124

SPECIAL NOTE:

The City of Lake Elsinore is unable to accept court ordered volunteers. If you are trying to fulfill court mandated hours, please visit http://www.vcrivco.org/alternative_sentencing.html or call (951) 329-4709.

To inquire about volunteer positions with the Lake Elsinore Sheriff's Department, please contact them directly at 951-674-3300.

PACKET INSTRUCTIONS:

Step 1: Complete the following forms:

- 1) Youth Application
- 2) Waiver and Release
- 3) Parental Release
- 4) Request For Volunteer/Unpaid Trainee Authorization For Minor
(only if you are completing required school credit)

Step 2: Verify that your forms are complete, including all signatures. Submission of incomplete forms will delay your becoming a volunteer.

Step 3: Mail or hand-deliver your completed packet to the following address:

Lake Elsinore City Hall
130 South Main Street
Lake Elsinore, CA 92530
Attn: Volunteer Coordinator

Questions? Contact us at 951-674-3124 or volunteer@lake-elsinore.org

Youth Application



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FIRST NAME:		LAST NAME:		MI:	HOME NUMBER:	CELL NUMBER:	
EMAIL ADDRESS:				WHAT IS THE BEST WAY TO CONTACT YOU?			
				<input type="checkbox"/> Home Phone		<input type="checkbox"/> Cell Phone	
				<input type="checkbox"/> Email			
HOME ADDRESS (number and street):			APT #:	CITY:		STATE:	ZIP CODE:
AGE:							
<input type="checkbox"/> 14		**Please keep in mind that 14 year olds must be accompanied at all times by a parent or legal guardian.				<input type="checkbox"/> 15	
						<input type="checkbox"/> 16	
						<input type="checkbox"/> 17	
DO YOU NEED TO COMPLETE REQUIRED SCHOOL CREDIT?							
<input type="radio"/> No		<input type="radio"/> Yes		If yes, please fill-out the form at the end of this packet titled "Request For Volunteer/Unpaid Trainee Authorization for Minor"			
HOW DID YOU HEAR ABOUT VOLUNTEER OPPORTUNITIES WITH THE CITY OF LAKE ELSINORE?				WHICH VOLUNTEER AREAS INTEREST YOU?			
				<input type="checkbox"/> City Services Support		<input type="checkbox"/> Event Support	
				This includes assisting the various City departments through:		This includes working with the City and Event sponsors to handle:	
				-Office help		-Event Coordination	
				-Building maintenance		-Event Outreach	
				-Outdoor projects		-Event Recruitment	
						-Event Safety	
						-Event Staffing	
THE FOLLOWING QUESTIONS WILL HELP US PLACE YOU IN A VOLUNTEER POSITION:							
Are you able to lift 25 pounds?				<input type="radio"/> No <input type="radio"/> Yes			
Are you willing to work with the elderly?				<input type="radio"/> No <input type="radio"/> Yes			
Are you willing to work with children?				<input type="radio"/> No <input type="radio"/> Yes			
Do you have any medical/physical conditions that may require accommodations?				<input type="radio"/> No <input type="radio"/> Yes			
If yes, please explain:							

EMERGENCY CONTACTS:			
Contact #1	Name:	_____	Phone: _____
	Relationship to you:	_____	Alternate Phone: _____
Contact #2	Name:	_____	Phone: _____
	Relationship to you:	_____	Alternate Phone: _____

BY SIGNING BELOW

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I understand that false statements in my application subjects me to disqualification.

I understand that before performing the duties of a volunteer with the City of Lake Elsinore, all paperwork must be submitted and I must be approved. I also understand that, depending on my volunteer position, I may be fingerprinted by the Lake Elsinore Sheriff Station and cannot begin said volunteer position until my fingerprints are cleared.

I understand that I am completely responsible for any children under the age of 14 that may accompany me on a family volunteer day.

I understand that the City of Lake Elsinore reserves the right to use photos taken during events/projects for promotional purposes. This could include publishing in newsletters, brochures, and the City of Lake Elsinore web site.

APPLICANT'S SIGNATURE:	_____	DATE:	_____
APPLICANT'S PRINTED NAME:	_____		
PARENT / LEGAL GUARDIAN'S SIGNATURE:	_____	DATE:	_____
PARENT / LEGAL GUARDIAN'S PRINTED NAME:	_____		

Youth Waiver & Release



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BY SIGNING BELOW

I hereby acknowledge that as a volunteer for the City of Lake Elsinore, I perform voluntary services for the Agency without compensation and therefore I am not covered under the City of Lake Elsinore's workers' compensation plan.

As a condition of performing volunteer duties, I hereby knowingly and unequivocally waive, release and discharge any rights that I, my heirs, assigns, agents or other representatives may have or which hereafter may accrue to me, to file any claim, lawsuit and/or any other cause of action against the City of Lake Elsinore, its employees, officers, agencies, other volunteers and officials as a result of performing said volunteer services. In granting this full and complete release and waiver of liability on the part of the Agency, I specifically waive California Civil Code Section 1542, which states:

"A general release does not extend to claims, which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him, must have materially affected his settlement with the debtor."

I expressly desire to release the City of Lake Elsinore, its employees, officers, agencies, other volunteers and officials from my financial responsibility to me for any personal injury and/or property damage I may incur as a result of my voluntary services, even when it results from the negligence, both active and passive, of the City of Lake Elsinore and/or its employees.

I understood that accidents and injuries can arise out of my volunteer activities; knowing the risk, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the Agency, its employees, officers, agencies, other volunteers and officials, who (through negligence or carelessness) might otherwise be liable to me (or my heirs, assigns, agents or other representatives) for damages.

No promise, inducement, or agreement has been made to me to induce me to release the Agency from liability for any personal injury and/or property damage incurred by me as a result of my voluntary services, nor has any promise, inducement, or agreement been made to me in return for the express waiver of rights referred to above.

APPLICANT'S SIGNATURE: _____

DATE: _____

APPLICANT'S PRINTED NAME: _____

DECLARATION OF WITNESS

The above applicant, in my presence, acknowledged that he/she has read and fully understands the meaning and consequences of the Waiver and Release, and he/she signed it in my presence.

PARENT / LEGAL GUARDIAN'S SIGNATURE: _____

DATE: _____

PARENT / LEGAL GUARDIAN'S PRINTED NAME: _____

Parent / Guardian Release



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PARENT/GUARDIAN LAST NAME:		PARENT/GUARDIAN FIRST NAME:		MI:	RELATIONSHIP TO CHILD:
PHONE NUMBER:		ALTERNATE NUMBER:		EMAIL ADDRESS:	
MEDICAL INSURANCE CONTACT INFORMATION:					DATE OF CHILD'S LAST TETANUS SHOT:
DOES YOUR CHILD HAVE ALLERGIES?			DOES YOUR CHILD TAKE MEDICATION?		
<input type="radio"/> No If yes, please list: <input type="radio"/> Yes			<input type="radio"/> No If yes, please list: <input type="radio"/> Yes		

BY SIGNING BELOW

I hereby give permission for my child to serve as a volunteer for the City of Lake Elsinore. In the event of an emergency during the duration of performing volunteer activities, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child named above.

I understand I am responsible for his/her own medical insurance and will not hold the City of Lake Elsinore liable for any injury or damage to my child while engaged in volunteer activities.

PARENT / LEGAL GUARDIAN'S SIGNATURE: _____	DATE: _____
PARENT / LEGAL GUARDIAN'S PRINTED NAME: _____	

REQUEST FOR VOLUNTEER/UNPAID TRAINEE AUTHORIZATION FOR MINOR

CDE B1-6 (New 03-10)

A minor volunteering or placed in an unpaid trainee position shall submit a "Request for Volunteer/Unpaid Trainee Authorization" form to the Local Education Agency (LEA) of enrollment.

(Print Information)

Minor's Information

_____	_____	_____
Minor's Name <i>(First and Last)</i>	Home Phone	Birth Date
_____	_____	_____
Home Address	City	Zip Code

Local Education Agency Information

_____	_____	
LEA Name	LEA Phone	
_____	_____	_____
LEA Address	City	Zip Code

To be filled in by employer or agency of placement

_____	_____	
Business or Agency of Placement Name	Business Phone	
_____	_____	_____
Business Address	City	Zip Code

Minor's services during volunteer/unpaid training: _____

To be signed by parent or legal guardian

As the parent or guardian, I hereby grant permission to the above minor to volunteer or be placed for unpaid training.

I hereby certify that, to the best of my knowledge, the information herein is correct and true.

_____	_____	_____
Parent/Guardian's Name <i>(Print First and Last)</i>	Parent/Guardian's Signature	Date

Certification

I hereby certify that, to the best of my knowledge, the information herein is correct and true.

_____	_____	_____
Authorizing Personnel's Name and Title <i>(Print)</i>	Authorizing Personnel's Signature	Date

Copy—Local Education Agency; Employer or Agency of Placement; Parent or Legal Guardian