

# VOLUNTEER APPLICATION

Challenge Sports in cooperation with the City of Sacramento, Parks and Recreation Access Leisure

[Sacramentochallengesports@gmail.com](mailto:Sacramentochallengesports@gmail.com)

Fax 916-966-2122

[www.challengesports.org](http://www.challengesports.org)

Challenge Sports 8139 Sunset Ave, #185 Fair Oaks, CA 95628 (This is a PO Box)



**"OPTIMIZE THE EXPERIENCE OF LIVING!"**



**Please Type or Print Legibly:**

Name \_\_\_\_\_ (Please circle) M F

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**NOTE:** Our minimum age to volunteer is 14, and if you are under 18, the parental consent form **must** be completed by a parent or guardian.

How did you hear about Challenge Sports programs? \_\_\_\_\_

**EMERGENCY CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Why are you volunteering? \_\_\_\_\_

If for school, which School and your current grade: \_\_\_\_\_

Do you have a required number of hours you need to complete? YES / NO If yes, how many? \_\_\_\_\_

Do you have a deadline to complete these hours? YES / NO If yes, when? \_\_\_\_\_

Do you have any training or experience in working with people with disabilities? If yes, describe:

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

Volunteer Experience: \_\_\_\_\_

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

Have you ever taken or are you currently certified in: First Aid Yes \_\_\_ No \_\_\_ CPR Yes \_\_\_ No \_\_\_

Other Certifications: \_\_\_\_\_

**Challenge Sports / City of Sacramento, Parks and Recreation – Access Leisure**

**Volunteer Interest: Youth and Young Adults with Intellectual Disabilities – Please check below:**

Basketball League \_\_\_\_\_ Soccer \_\_\_\_\_ Trampoline \_\_\_\_\_ Advanced Skills Basketball Class \_\_\_\_\_

1. Have you ever been convicted by a court of a misdemeanor? YES NO
2. Have you ever been convicted by a court of a felony? YES NO
3. If “YES” to “1” or “2”, state WHAT conviction, WHEN, WHERE, AND DISPOSITION OF CASE(S):

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References: Please list the names of two individuals we may contact as a reference. Do not list relatives.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Special Skills or Talents: \_\_\_\_\_

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**Media Release**

The undersigned, in consideration of the acceptance of this entry, I hereby waive, release, and indemnify the City of Sacramento, Department of Parks and Recreation, Access Leisure, Challenge Sports of California, sponsors, staff, and volunteers from any and all liability for any injuries and/or expenses incurred by myself while volunteering at an Access Leisure program. In case of accident arising out of the said activity, medical assistance may be administered to the registrant of this activity. **MEDIA RELEASE:** I specifically grant permission to the City of Sacramento to use the likeness, voice, and words of the registrant in television, radio, films, newspapers, magazines, and media of any form not heretofore described to further the aims of the City of Sacramento.

I agree to conform with the City of Sacramento’s rules and regulations. I understand that my failure to follow department policies and procedures may result in the termination of my service from the volunteer program. I also understand that I am not an employee of the City of Sacramento and that all duties performed will be done as an unpaid volunteer.

In case of accident arising out of or in any way connected with participation in City programs I agree to give my consent to any medical treatment deemed necessary by a medical doctor. Volunteers are covered by the City of Sacramento Workers Compensation program.

**Please note that a background investigation and fingerprinting will be required before placement in any sensitive volunteer position. In some placements TB testing is required.**



**FOR OFFICE USE ONLY**

PROGRAM VOLUNTEERING: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_

EVALUATION FORM COMPLETED? YES \_\_\_\_\_ NO \_\_\_\_\_ INITIAL \_\_\_\_\_

**Challenge Sports / City of Sacramento, Parks and Recreation – Access Leisure**

**VOLUNTEER AGREEMENTS**

1. Challenge Sports/Access Leisure volunteers shall conduct themselves in conformity to City of Sacramento, Challenge Sports/Access Leisure policies and procedures and with the traditional etiquette of programs. This includes, but is not limited to: bringing credit and honor to yourself, your peers, your recreation staff, and the Challenge Sports/Access Leisure Program.
2. All volunteers will display proper respect and behavior toward peers, recreation staff, administrators, and the public.
3. All volunteers, parents/guardians, administrators, recreation staff, and program participants will practice appropriate conduct:
  - Volunteers will participate in all program activities.
  - Volunteers will encourage participants to be as independent as possible.
  - Volunteers will maintain a positive attitude.
  - Volunteers will treat Access Leisure and fellow volunteers and participants with dignity.
  - Volunteers will treat equipment and facilities with respect.
  - Volunteers will follow all rules set forth by transportation personnel both prior to, during trip, and unloading.
  - Volunteers will know and follow the rules of the activities/events they are participating in.
  - Volunteers will not use or consume alcohol, tobacco or Illegal drugs or drugs not prescribed to you. .
  - Volunteers will not knowingly engage in unsafe activities.

**Action that will be taken if Volunteer does not comply with Agreements**

1. Program Coordinator and Supervisor will discuss the most appropriate course of action with volunteer.
2. Decision of Program Coordinator is final. If Volunteer is asked to depart program, he or she must leave immediately.

The administrators of Challenge Sports/Access Leisure are responsible for enforcement of the Volunteer Agreements.

**GROUNDS FOR TERMINATION:** Volunteers will not be considered employees of the City of Sacramento. All volunteers serve the City of Sacramento at will, and either the City of Sacramento or the volunteer may terminate the arrangement without notice or consideration.

I, \_\_\_\_\_ understand that if I **choose** to engage in behaviors or unsafe activities that create a potential hazard to the emotional or physical safety of other volunteers, staff, and/or program participants; or am disruptive to the operation of programs, I will be asked to leave.

**I authorize investigation of all statements contained in this application and any supporting documents and I understand that a background check may be conducted. I authorize the City of Sacramento and its non-profit partners to secure information from the references I have provided, and release all parties from any liability arising from such investigation.**

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parental Consent Form – Volunteer Application**

**All Volunteers Under 18 Years of Age Must Have Parent or Legal Guardian  
Complete This Section**

**Consent of Parent or Legal Guardian for Minor’s Participation as a Volunteer**

I, \_\_\_\_\_  
The parent or legal guardian of Volunteer named below

choose to permit \_\_\_\_\_ to participate as a volunteer. I understand that my child’s or ward’s services are being offered on a voluntary basis without anticipation of any financial remuneration. I agree that he/she will abide by any rules and direction provided by those helping to administer the volunteer program. I understand that my child is covered under the City’s workers’ compensation insurance in the event of an injury from rendering a volunteer service. He/She will report any injury or incident to his/her supervisor immediately.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date: \_\_\_\_\_

**CONSENT OF PARENT OR LEGAL GUARDIAN TO MEDICAL, DENTAL, OR HOSPITAL CARE**

**OF MINOR VOLUNTEER:** I, \_\_\_\_\_ the parent or legal guardian of \_\_\_\_\_, a minor, who was born on \_\_\_\_\_, authorize

medical, dental, surgical or hospital care, treatment, or diagnosis of said minor and I agree to pay for any medical, dental, surgical, or hospital diagnosis, treatment, or care rendered to or for said minor.

\_\_\_\_\_  
Signature of Parent or Legal Guardian: Date: \_\_\_\_\_

**Consent of Parent or Legal Guardian to Use of Image of Minor Volunteer in Public Relations:**

Photos, videos of \_\_\_\_\_, my child or ward, may be used in City of Sacramento Public Relations.

\_\_\_\_\_  
Signature of Parent or Legal Guardian: Date: \_\_\_\_\_