



City of Sanger Volunteer Program

Recreation Department

Volunteer Packet

Program Facilitator:

Joaquin Zamora

Recreation Supervisor

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(559) 876-6300 extension 1430

Sierra Delgado

Human Resources Technician

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(559) 876-6300 extension 1310

Packet Contains:

Program General Requirements

Program Application

Statement of Understanding

Release Form

Additional Items:

Form	Date Received
Mandated Reporting	
Concussion Training	
Fingerprint - Live Scan	
CPR/First Aid	

City of Sanger Volunteer Program

General Requirements

- Applicant must be 18 years of age.
- Applicant must be in good health and without physical condition(s) that will endanger them, or another member of the City of Sanger.
- Applicant must be of good character and possess good moral habits.
- All applicants must successfully pass a background investigation that may include a criminal history check and DMV history check.
- Applicant must attend the Mandatory Reporting workshop.
- As of January 1, 2017, youth sport coaches and volunteers must annually complete concussion training as required by CA AB2007. Free training and certification is available online at: <https://www.cdc.gov/headsup/youthsports/coach.html>

None of the above requirements are intended to be an automatic disqualifier. All of the above are taken into consideration when considering a volunteer applicant. If you feel that there are special circumstances that should be considered when applying, contact Joaquin Zamora at jzamora@ci.sanger.ca.us (559) 876-6300 extension 1430 or Sierra Delgado sdelgado@ci.sanger.ca.us (559) 876-6300 extension 1310.

Application Instructions:

1. When completing the application, make sure to fill in all the blanks. If an item does not apply to you, put in N/A.
2. Complete and submit all forms:
 - a. Application
 - b. Release of Liability and Assumption of Risk
 - c. Statement of Understanding
 - d. Availability Schedule.
3. Complete Fingerprint Authorization and make appointment for fingerprinting with the Sanger Police Department at (559) 875-8522.
4. **Intentional withholding of information or falsification of information on this application will result in immediate denial of acceptance. If the volunteer applicant is accepted and falsification is discovered the applicant will be permanently dismissed.**

VOLUNTEER SERVICE CAN BEGIN AS SOON AS YOU ARE NOTIFIED THAT THE BACKGROUND INVESTIGATION HAS BEEN SUCCESSFULLY COMPLETED AND YOU HAVE COMPLETED THE MANDATORY REPORTING AND CONCUSSION TRAINING

Special Training

Other Comments

Volunteer Position Desired

Applicant Signature

Print Name

Date

City of Sanger Volunteer Program

Statement of Understanding

I HEREBY REPRESENT THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THESE DOCUMENTS CONSISTING OF PROGRAM REQUIREMENTS AND RELEASE FORM AND THAT I UNDERSTAND THE CONTENTS OF THESE DOCUMENTS AND SIGN SAME OF MY OWN FREE WILL.

Executed at _____, on this _____ (day) of
_____ (month), 20_____ (year).

Signature of Volunteer: _____

Print Name: _____

Address: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email Address: _____



CITY OF SANGER
VOLUNTEER SERVICES AGREEMENT
RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I, _____, hereby acknowledge that I have voluntarily applied to participate in performing _____ services for the City of Sanger. I am voluntarily participating in these activities with the knowledge that volunteer activities will involve physical activities which include the risk of personal injury and/or personal property damage in the course of performing these services. I understand that the City's policy is to cover volunteers as employees of the City for purposes of Workers' Compensation benefits. I also understand that under Workers' Compensation laws, Workers' Compensation benefits will be the sole and exclusive remedy in the event I am injured while performing these volunteer activities and services.

With the exception of Workers' Compensation benefits, I hereby agree that I, my heirs, guardians, legal representatives and assigns will not make a claim against or file an action against the City of Sanger, its officials, governing bodies, officers, employees, personnel, volunteers or agents for injury, illness or damage from negligence, howsoever caused, by any official, officer, employee or agent of the City of Sanger as a result of or in any way related to my participation in the volunteer activity or service. In addition, I hereby voluntarily release, discharge, waive and relinquish all claims against the City of Sanger, its officials, governing bodies, officers, employees, personnel, volunteers and agents from all actions, claims, demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for bodily injury, negligence, personal injury, accident, emotional distress, property damage, or wrongful death resulting from my participation in these volunteer activities or services.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Date: _____

Signature

Print Name