

RETURN APPLICATION FORM TO City Hall 1416 C Street Livingston, CA 95334

Applica	tion Receiv	/ed
/_	/	
Orienta	tion Date	
/	/	
Intervie	w Date	
/	/	
Volunte	er#	_
Service	Area	

Commitment

The act of volunteering means commitment to a definite program. As volunteer opportunities are available, you will be promising to do specific duties, and your agreement to do this without compensation will not change the fact that our staff will be depending on you. Your commitment of service should be honored as conscientiously as if you were receiving wages.

Last			First		Middle Initial
ADDRESS			City	State	Zip
TELEPHONES: Primary	# ()	Cell Ph	one/Pager ()	
EMAIL ADDRESS			BIRTH I	DATE: Month	DayYear
APPLICANT IS: Fresh	man	Sophomore	Junior	Senior	Other
CURRENT SCHOOL					
VOLUNTEER EXPERIE	NCE _				
EXTRA CURRICULAR	4CTI	VITES			
DATES UNAVAILBLE:					
Name				Relationsl	nip
Primary Phone		Cell Phone_		Work Pl	hone
Name				Relations	ship
Primary Phone		Cell Phone		Work	k Phone

TYPE OF SERVICE AREA:

- Scorekeeper for Baseball
- Scorekeeper for Basketball
- Summer Day Camp Worker

Teen Council

- Swim Lesson Assistant
- Concessions
- Special Events
- o Park Maintenance
- o Facility Maintenance
- Office Work
- Customer Service

PREFFERED DAY/S:

- o Monday
- o Tuesday
- Wednesday
- o Thursday
- o Friday
- Saturday
- o Sunday

PREFERRED 2-HOUR SHIFT:

- Morning
- Early
 Afternoon
- o Mid
 - Afternoon
- LateAfternoon
- o Evening



All applicants including those under 18 years of age must also complete the following: To perform my duties as a Livingston Recreation Volunteer:

- 1. I will review and abide by the policies and procedures stated in the Livingston Recreation volunteer Handbook and the Service Description and Procedure document specific to my service area assignment.
- 2. I will consider my volunteer assignment as a **commitment**. If I am unable to do my volunteer shift, I will contact the Recreation Department, and will do so 24-hours in advance of my shift if possible.
- 3. I will hold all information as **confidential** concerning program participants, families, staff members and volunteers.
- 4. I will make my service professional in all ways, and conduct myself with dignity, courtesy and consideration for others.
- 5. I will not make or receive personal phone calls (land line or cellular) and/or visitors while on duty. This behavior is inappropriate in a recreation service setting and will not be tolerated.
- 6. I understand that I must be in compliance with the dress code as assigned in the Volunteer Handbook.
- 7. I will take any concerns or suggestions directly to the Recreation Department Volunteer Supervisor or Superintendent.

PARENT/GUARDIAN AGREEMENT FOR TEEN VOLUNTEER COMMITMENT TO VOLUNTEER

- 1. I understand that Livingston Recreation Department reserves the right to dismiss my daughter/son's services as a volunteer if the action is in the interests of the Recreation Department and her/him. Dismissal could result from failure to comply with department and or program rules and regulations or inappropriate personal conduct, attitude or appearance.
- 2. I give my permission to Livingston Recreation to administer emergency medical treatment to my daughter/son if necessary.

My child,	, has my permission to become a
Livingston Recreation Volunteer.	
Telephones:	
Home () Office ()	Other ()
SIGNATURES: I have read and support the above Vo	olunteer Contract.
1) PARENT/GUARDIAN OF TEEN APPLICANT:	
	DATE
2)TEEN APPLICANT – DURING INTERVIEW, IN I SERVICES STAFF MEMBER:	
(I understand WHAT MY RESPONSIBILITY AND C	· · · · · · · · · · · · · · · · · · ·
	DATE
SUPERVISOR OF VOLUNTEER SERVICES:	
	DATE