

# Welcome to the Los Angeles Recreation and Parks Volunteer Program



Date: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Facility: Lake View Terrace RC

Facility Telephone: (818) 899-8087

Director Signature: \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> General                        | <input type="checkbox"/> Community Boards - PAB       | <input type="checkbox"/> Sports - Baseball/Softball |
| <input type="checkbox"/> _____                          | <input type="checkbox"/> Docent                       | <input type="checkbox"/> Sports - Basketball        |
| <input type="checkbox"/> Administrative/Office/Clerical | <input type="checkbox"/> Instructor - Art/Photography | <input type="checkbox"/> Sports - Football          |
| <input type="checkbox"/> Aquatics General               | <input type="checkbox"/> Instructor - Fitness/Dance   | <input type="checkbox"/> Sports - Other             |
| <input type="checkbox"/> Aquatics Team Sports           | <input type="checkbox"/> Instructor - Other           | <input type="checkbox"/> Sports - Soccer            |
| <input type="checkbox"/> Camps/Day Camps/Afterschool    | <input type="checkbox"/> Senior Programs              | <input type="checkbox"/> Sports - _____             |
| <input type="checkbox"/> Community Boards - Other       | <input type="checkbox"/> Special Events               | <input type="checkbox"/> Summer Night Lights        |

Please go to [www.laparks.org/info/volunteers](http://www.laparks.org/info/volunteers) and click on the blue "APPLY ONLINE TO VOLUNTEER" box to complete your confidential application. You must have an e-mail account that you can use to sign up.

**We are excited to have you start volunteering.**

Before you can start to volunteer, you must be fingerprinted and cleared by our Human Resources staff. Please note that your application will be used for a background review, including a review of any criminal convictions. All information received from fingerprinting or other background review is kept confidential. This procedure is required by law and helps to protect all our volunteers and patrons at Recreation and Parks. Please call for a fingerprinting appointment as soon as you can. **YOU MUST TAKE THIS FORM WITH YOU TO THE FINGERPRINTING APPOINTMENT, along with your photo identification and your Social Security card. Your volunteer packet will not be processed without both your on-line application and fingerprint results.**

The Hold Harmless and Volunteer Expectation language to which you agreed in completing your on-line application is copied here for your reference. Please verify you have understood by signing this copy and bringing it to your fingerprinting appointment. If you are under the age of 18, your parent or guardian must also sign.

**Hold Harmless and Volunteer Expectations**

- I understand that all statements on this application must be true and complete. False or incomplete statements will be cause for DISQUALIFICATION or DISMISSAL.
- I agree to indemnify and hold harmless the City of Los Angeles, Department of Recreation and Parks, its officers, agents, employees and volunteers from and against any and all damages, injuries, loss, liability, charges and expenses in any way arising out of my participation in this Volunteer program for which I register.
- I understand and agree that as a volunteer I represent the City of Los Angeles, Department of Recreation and Parks, and I must treat the public, park users, other volunteers and Department employees with respect. Threatening or harassing behavior will result in my removal from the volunteer program.
- I shall not be under the influence of alcohol or controlled substances while participating in volunteer activities.
- I agree and understand that safety is of utmost importance at all times. I will take safety seriously and consider the use of safe work practices for myself and others as a personal responsibility.
- I recognize parks as public places. All users have rights to the parks. Volunteer events are open to the public unless the Department has approved a closure or exclusive event.

Signature of Volunteer: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Guardian If Volunteer is under age 18:

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

**PLEASE TAKE THIS FORM WITH YOU TO THE FINGERPRINTING APPOINTMENT.**

**OFFICE USE ONLY:**

ATI # \_\_\_\_\_ Date Fingerprinted: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Reprint: Y / N

Live Scan Site Name: \_\_\_\_\_ LSID: \_\_\_\_\_ Operator Name: \_\_\_\_\_