



Livermore Area  
Recreation and Park District  
*An independent special district*

Livermore Area Recreation and Park District  
4444 East Ave  
Livermore, CA, 94550  
925.373.5700

# LARPD VOLUNTEER APPLICATION

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

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Preferred Method of Contact (Email/Phone): \_\_\_\_\_

Under 18 years of age

Adult (18+)

## AREAS OF INTEREST

Special Events

Open Space

PAL (16+)

Clerical Assistant

Park Ambassador

Ravenswood  
Docent

Senior Services

Summer Nature Camp

Extended Student  
Services (14+)

Youth / Adult Sports

Parks (18+)

School Credit or Court Order:

\_\_\_\_\_ # of Hours

\_\_\_\_\_ Due Date

## EMERGENCY INFORMATION

Special Needs or Accommodations Needed: Yes No

If yes, please explain: \_\_\_\_\_

Medications / Allergies: \_\_\_\_\_

Note: In the event of an emergency, volunteers are covered under the Livermore Area Recreation and Park District's Workers Compensation Plan Policy.



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## EMERGENCY CONTACT INFORMATION

1st Emergency Contact Name (Required): \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2nd Emergency Contact Name (Optional): \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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## VOLUNTEER AGREEMENT, WAIVER, AND RELEASE INFORMATION TO PARTICIPANT REGARDING RISK OF INJURY

In consideration for being permitted by the Livermore Area Recreation and Park District (LARPD) to participate in this volunteer assignment/ activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the assignment/activity. This release is intended to discharge in advance LARPD (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns. I agree to indemnify and to hold LARPD, (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost or expense which may arise out of or connected in any way with my participation in the volunteer assignment/activity.

I fully understand that my participation in this volunteer assignment/activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

I certify that all statements on this application are true and correct to the best of my knowledge. I understand that the information I provide may be verified, and I give permission to LARPD to make inquiry of others concerning my suitability to act as a volunteer. I also understand that a criminal background check may be accomplished if that action is deemed necessary. I understand that any false statements will disqualify me from LARPD's volunteer program.

**- CONTINUED ON NEXT PAGE -**



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## VOLUNTEER AGREEMENT, WAIVER, AND RELEASE INFORMATION TO PARTICIPANT REGARDING RISK OF INJURY (CONTINUED)

I am aware that the relationship between LARPD and a volunteer is “at will” in nature, and that it may be terminated at any time without cause by either the volunteer or LARPD. Further, I understand that as a volunteer, I am offering my services of my own free will without any expectation of compensation, health or life insurance, or other employee benefits of any kind. Finally, I agree to comply with LARPD rules and guidelines as well as all applicable public health rules, regulations, orders, and/or guidance in effect at the time of my participation in this volunteer activity.

PHOTOGRAPHIC RELEASE: I understand that photographs may be taken during this activity and hereby grant LARPD permission to use any such photo(s) for advertising or in promotional materials.

PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Volunteer is under 18 years of age.)

I hereby consent that my son/daughter, \_\_\_\_\_, participate as a volunteer in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold LARPD (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor’s participation in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

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

Volunteer Signature: \_\_\_\_\_

### IF VOLUNTEER IS UNDER 18 YEARS OF AGE

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_