



LARPD VOLUNTEER APPLICATION

Volunteer Area of Interest: _____

Name: _____

Address: _____ City/Zip: _____

Email: _____

Primary Phone: _____ Secondary Phone: _____

Preferred Method of Contact (Email/Phone): _____

Under 18 Years of Age

Adult (18+ years old)

AREAS OF INTEREST

Special Events

Open Space

Ravenswood Docent

Clerical Assistant

Summer Nature Camp

PAL (16+)

Senior Services

Parks (18+)

Extended Student Services K-5
(14+)

Youth/Adult Sports

Other: _____

School Credit or Court Ordered: _____

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.



EMERGENCY CONTACT INFORMATION

1st Emergency Contact Name (Required): _____

Relationship: _____ Cell Phone: _____

2nd Emergency Contact Name (Optional): _____

Relationship: _____ Cell Phone: _____

IMAGE RELEASE

I hereby grant the Livermore Area Recreation and Park District ("LARPD") its legal representatives and assigns (including but not limited to, any photographer, agency, client, or publication), irrevocable permission to publish and distribute any photographs, video tape, film or voice recording of me taken at a District facility or event. These images or recordings may be published in any manner, including but not limited to advertising, periodicals, brochures, greeting cards and calendars, Furthermore, I will hold harmless the aforementioned District, their legal representatives and assigns, from any liability by virtue of any blurring, distortion, alteration or use in composite form that may occur in producing the finished product. I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.

I have read this release and fully understand its contents.

___ If I decline the image release, I understand it is my responsibility to notify the person taking the image that I have not consented.

Volunteer Name: _____

Volunteer Signature: _____

IF VOLUNTEER IS UNDER 18 YEARS OF AGE

Parent/Guardian Name: _____

Parent/Guardian Signature: _____