



City of Manteca
Parks and Recreation Department
 252 Magnolia Avenue • Manteca, CA 95337
 Phone (209) 456-8600
 Fax (209) 923-8954

VOLUNTEER APPLICATION

Community Ambassadors for Manteca Parks and Recreation Services (CAMPRS)

Thank you for expressing an interest in volunteering for the Community Ambassadors for Manteca Parks and Recreation Services (CAMPRS). We take great pride in our parks, programs, and services. CAMPRS provide a community branch of service delivery that helps to ensure the most efficient and effective use of community resources. If you or someone you know would be interested in helping in any of the following areas, please complete this form and return it to the Manteca Parks and Recreation Department at the above address. Volunteers must be at least 16 yrs old; however, younger children can accompany a parent or guardian with our Family Programs.

Please check areas in which you would be interested in volunteering:

- | | | |
|--|---|---|
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Ambassadors in Parks | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Youth Sports Coach* | <input type="checkbox"/> Adopt-A-Park |
| <input type="checkbox"/> Family Programs | <input type="checkbox"/> Preschool Assistant | <input type="checkbox"/> Kids' Zone Assistant |
| <input type="checkbox"/> Other/Community Service _____ | | |

***YOUTH SPORTS COACHES:** Which sport do you want to coach? _____

- I want to (circle one): a) coach; or b) assist any team.
- I want to (circle one): a) coach; or b) assist my child's team. Child's Name /Division: _____

NOTE: ALL VOLUNTEERS WORKING WITH CHILDREN AND/OR IN SPECIFIED PROGRAMS ARE REQUIRED TO BE FINGERPRINTED AND CLEARED EVERY SIX MONTHS IN ACCORDANCE WITH THE CITY OF MANTECA PERSONNEL DEPARTMENT. CONTACT THE PARKS AND RECREATION OFFICE FOR FINGERPRINTING TIMES.

Today's Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home phone: _____ Work/Cell phone: _____ E-mail: _____

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

Company Name: _____ Supervisor: _____ Phone: _____

Do you have transportation? Yes No Driver's License # _____

Has your driver's license ever been suspended or revoked? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime, other than parking tickets? Yes No

If yes, please provide details: _____

How often are you available to volunteer? Daily Weekly Monthly 3 Mos. 6 Mos. All Year

Please indicate the day(s) and times you are available:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
From:	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
To:	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

List any special skills, talents or hobbies that may help you as a volunteer with MPRD:

STUDENTS: Are you receiving school credits for volunteering? Yes No

If yes, please explain: _____

Please list two personal references:

- _____

Name Phone Relationship
- _____

Name Phone Relationship

Thank you for your interest in being a CAMPRS volunteer with MPRD. Volunteering does not qualify you for paid employment with the City of Manteca Parks and Recreation.

I agree that the information in this application is true.

Applicant signature _____ Date _____

Parent signature _____ Date _____

Required if applicant is under 18 years of age

LIABILITY WAIVER

In consideration of the acceptance of my application for entry into the above event, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the City of Manteca as a result of my participation. This release is intended to discharge the City of Manteca, its agents and employees, and any other involved municipalities or public entities from and against any and all liability arising out of or connected in any way with my participation in the event, even though that liability may arise out of the negligence or carelessness on the part of persons or entities mentioned above. I further understand that accidents and injuries can arise out of my participation. Knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or entities mentioned who (through negligence of carelessness) might otherwise be liable to me (or my heirs of assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. **THE UNDERSIGNED ACKNOWLEDGES THAT THEY HAVE READ AND UNDERSTAND THE PURPOSES AND EFFECT OF THIS DOCUMENT.**

Applicant signature _____ Date _____

Parent signature _____ Date _____

Required if applicant is under 18 years of age

PLEASE COMPLETE BOTH SIDES OF APPLICATION