



FOSTER CITY PARKS & RECREATION

Volunteer Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
EMERGENCY CONTACT			
<i>Please fill out the attached Emergency Contact and Medical Form</i>			
EXPERIENCE			
<i>Please describe your past experience (paid or volunteer) that relates to the field of recreation or area of interest:</i>			
<i>Why are you interested in volunteering with the Foster City Parks and Recreation Department?</i>			
AVAILABILITY			
Day(s)		Time(s)	
One-time Event	Yes _____ No _____	Ongoing Basis	Yes _____ No _____
REFERENCES			
<i>Please list two references:</i>			
Name		Phone	
Relationship			
Name		Phone	
Relationship			

OVER

AREAS OF INTEREST

Check activities/areas in which you would like to volunteer:

- Senior Wing Front Desk** (Monday-Friday; Time Commitment: 1 x week): Basic secretarial duties (phones, registrations, etc.)
- Special Events**
 - Paddle & Play** (June; Time Commitment: 2-4 hours): Face Painting, Bubble Making
 - July 4th Celebration** (July; Time Commitment: 2-4 hours): Dog Show Registration & Judges, Family Parade Judges
 - Summer Concerts** (July-August; Time Commitment: 1-3 hours): Information Table, Distribute Programs, Traffic Guide
 - Halloween** (October; Time Commitment: 2-4 hours): Greeter, Ticket Sales, Parade Judges, Tattoo Booth
- Photographer** (Must have own camera to take pictures at Special Events and evening classes at the Recreation Center.)
- Youth Programs** (Counselor in Training Program (CIT); Ages 13+: Contact Lisa Yee, Youth Programs Coordinator, 650-286-3387)

DISCLAIMER AND SIGNATURE

I understand that my service would be on a strictly voluntary basis and that I am not an employee of the City of Foster City, nor will I receive payment or other goods for work performed.

I understand that no contract exists between myself and the City of Foster City.

I will not be required to partake in any work or tasks that I do not wish to do.

Signature _____

Date _____

CONTACT INFORMATION

Please return applications to:

Foster City Parks and Recreation Department, 650 Shell Boulevard, Foster City, CA 94404

Phone: 650-286-2585 Fax: 650-345-1408

FOR OFFICE USE ONLY

Documents Received:

- Emergency Contact and Medical Form
- Signed Harassment Policy Form
- Signed Violence in the Workplace Form

Contacted Applicant on: _____

Notes: _____

EMERGENCY CONTACT AND MEDICAL INFORMATION

Name _____ Date of Birth _____ Sex M F

Address _____

City, ST ZIP Code _____

EMERGENCY CONTACTS

Primary Emergency Contact

() _____ () _____
Home Phone Work Phone

Secondary Emergency Contact

() _____ () _____
Home Phone Work Phone

Address _____

Address _____

City, ST ZIP Code _____

City, ST ZIP Code _____

MEDICAL INFORMATION

Hospital/Clinic Preference _____

Physician's Name _____

Phone Number _____

Insurance Company _____

Policy Number _____

Allergies/Special Health Considerations:

List of Current Medications:

Signature _____

Date _____