



Recreation and Parks Department  
 2060 W College Avenue  
 Santa Rosa, CA 95401  
 (707) 543-3279

## Group Volunteer Application

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

Please fill out this form to the best of your ability. If any of the information changes, please notify the department contact immediately.

### Main Contact Information

Name			
Address			
Phone		E-mail	

### Type of Project

<input type="checkbox"/> Group Service Project	<input type="checkbox"/> Eagle Scout Project	<input type="checkbox"/> Adopt-A-Green Space
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Ongoing Project

-OR-

Date(s) of Project: \_\_\_\_\_ Time of Project: \_\_\_\_\_ to \_\_\_\_\_

Park/Location/Site: \_\_\_\_\_

### Group Information

Name of Organization	
Address of Organization	
Business Phone	
Estimated number of volunteers	
Estimated age range of volunteers	

### Person(s) to Notify in Case of Emergency

Name	Phone
Name	Phone

### Project Information

Description of work:
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Equipment/supplies you can provide:

### Agreement and Signature

- I understand and agree to the project concept stated above.
- As directed, I will obtain signed liability releases from all participants and deliver to the department contact before work begins (\* if under 18, need parent's signature).
- I agree to coordinate work schedule details with the department contact.
- I agree this project will be completed by above-stated date(s) or I will notify the department contact.
- I understand and agree that I am volunteering my services without any anticipation of financial compensation.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I authorize the City to perform a background check as necessitated by the volunteer position for which I am applying. Volunteers will be notified in advance if a background check is required. I, individually and on behalf of my heirs, successors and assigns, do hereby release, waive, discharge and relinquish City of Santa Rosa and its officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action for personal injury, property damage or death against them arising from or attributable to my participation in the volunteer activity, whether same shall arise by their negligence or otherwise. Furthermore, I warrant that I am in good health and have no physical condition that would prevent me from volunteering in this capacity.

Name (please print)		
Signature		Date:

### If under 18, Parent/Guardian authorization is required

Parent/Guardian Name (please print)		
Parent/Guardian Signature		Date:

### City of Santa Rosa Volunteer Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Please Return Form To:

Jeffrey Tibbets, Recreation Supervisor (707) 543-3279  
City of Santa Rosa Recreation & Parks [volunteer@srcity.org](mailto:volunteer@srcity.org)  
2060 W College Avenue  
Santa Rosa, CA 95401

### Thank you for your interest in volunteering for Santa Rosa Recreation & Parks!

FOR DEPARTMENT USE

*Date Received:*

*Permit #:*

*Day of Project Department Contact:*

*Notes:*