

Hagan Community Center 2197 Chase Dr. Rancho Cordova, CA 95827 916-369-9844 crpd.com

Volunteer Application

Volunteer Information Name:_____Birthdate: Address: _____ Zip Code: _____ Email: Phone Number: School Attending: (if applicable) Parent/Guardian Information (if volunteer is UNDER 18) Name:______Birth Date:_____ Address: (if different than volunteer) City/State: Zip Code: Email: Phone Number: **Emergency Contact:** Name: _____ Phone Number: _____ Relationship: _____ Name: Phone Number: Relationship: **References:** (teachers, coaches church group leaders ECT.) Name: Phone Number: Email: _____ Name: _____Phone Number: ____ Why do you want to volunteer? Special talents or interests?

Volunteer Experience

Do you have any experience	e working with children?	\Box Yes \Box No	
Name of Organization	on:		Position:
How Long:	Cont	tact Information:	
Duties Preformed:			
Name of Organization	on:		Position:
How Long:	How Long:Contact Information:		
Duties Preformed:			
4 4 4 4 4 4 4 4			
Availability?			
	k availability Dates:		
☐One - time Volunteer wor	k availability Date:	Event	:
Daily and Hourly Voluntee	er Availability:		
□Monday	Thursday		□Sunday
□Tuesday	Friday		
□Wednesday	Saturday		
Where would you like to	o volunteer?		
Hagan Community Center	• 2197 Chase Drive • 916-30	69-9844	
□Events	□Barn	□Park Clean-up	□Other:
Neil Orchard Senior Cente	er • 3480 Routier Road • 916	-366-3133	
□Kitchen	□Van Drivers	□Gardening	□Other:
Mather Sports Center • 37	55 Schriever Avenue • 916-3	62-1704	
□Coach	☐Assistant Coach	☐Team Parent	☐Sports General
□Score Keeper	□Other:		

SPECIAL NOTES:

- Volunteers are depended on as part of the team and are making a large time commitment.
- If accepted into the CRPD Volunteer program registration and commitment form will be required by the volunteer or parent/guardian of participant.
- Eligible applicants will be contacted by e-mail or phone to set up an interview

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and that false statements may subject me to disqualification or dismissal from the volunteer program.

Volunteer Name Printed:	
Volunteer Signature:	Date:
I have read the foregoing, fully understand it, and g program they are applying for.	grant permission for my child to participate in the
Parent Name:	
Parent Signature:	Date: