



STAFF USE ONLY

COMMUNITY YOUTH CENTER OF SAN FRANCISCO

VOLUNTEER APPLICATION

PLEASE PRINT

Today's Date: _____

_____ Last Name	_____ First Name	_____ Middle Name
_____ Address	_____ City	_____ State
_____ Zip	_____ Home Phone	_____ Cell Phone
_____ Email		

EMERGENCY CONTACT

_____ Name	_____ Relationship	_____ Phone #
_____ Physician's Name	_____ Insurance Carrier & Policy #	_____ Phone #

Volunteer position applying for: _____ If offered, what date can you start? _____

Have you ever volunteer, intern or worked for CYC before? Yes No If yes, when & role? _____

How did you hear about this volunteer opportunity? Current/Former Participant Online School
 Referred by: _____ Other _____

Volunteer Interest: After School/Summer Programs Administrative/Office/Clerical Behavioral Health
 Dragon Boat Mentoring Special Events
 Other _____ Community Service Requirement - # of Hrs Needed: _____

Language proficiencies: _____ Special skills: _____

Do you have a current driver's license? Yes No If yes, State & Lic #: _____

Do you have a current CPR/First Aid certification? Yes No If yes, date issued: _____

Are you over 18 years old? Yes No (If no, please have parent or guardian sign application.)

AVAILABILITY: Please fill in the hours you are available to volunteer.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

EDUCATION INFORMATION

_____	_____	_____	_____
Name of School	City & State	Course of Study / Degree	Year(s) / Level Completed
_____	_____	_____	_____
Name of School	City & State	Course of Study / Degree	Year(s) / Level Completed

EMPLOYMENT INFORMATION

_____	_____	_____	_____
Name of Employer	City & State	Position Title	Dates of Employment
_____	_____	May we contact this employer for a reference?	
Supervisor's Name	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving: _____	

_____	_____	_____	_____
Name of Employer	City & State	Position Title	Dates of Employment
_____	_____	May we contact this employer for a reference?	
Supervisor's Name	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving: _____	

VOLUNTEER INFORMATION

_____	_____	_____	_____
Name of Organization	City & State	Role	Dates of Volunteering
_____	_____	May we contact this organization for a reference?	
Supervisor's Name	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving: _____	

_____	_____	_____	_____
Name of Organization	City & State	Role	Dates of Volunteering
_____	_____	May we contact this organization for a reference?	
Supervisor's Name	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving: _____	

REFERENCES

List below three persons not related to you who have knowledge of your skills/performance within the last five years.

- | | | | | | |
|------------|------------|-----------------------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Last Name | First Name | Address | City | State | Zip |
| _____ | | _____ | _____ | | |
| Occupation | | # of Years Acquainted | Phone | | |
- | | | | | | |
|------------|------------|-----------------------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Last Name | First Name | Address | City | State | Zip |
| _____ | | _____ | _____ | | |
| Occupation | | # of Years Acquainted | Phone | | |
- | | | | | | |
|------------|------------|-----------------------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Last Name | First Name | Address | City | State | Zip |
| _____ | | _____ | _____ | | |
| Occupation | | # of Years Acquainted | Phone | | |

APPLICANT CERTIFICATION — PLEASE READ CAREFULLY

Initial Each Paragraph and Sign Below

Initials

I acknowledge that I am applying for a position as a volunteer with CYC. If accepted, I understand that my services are on a volunteer basis for which no compensation is provided, and that these services are **at-will** and may be terminated at any time, with or without cause, by either myself or CYC.

Initials

I understand that volunteering is based on completion of all volunteer/intern screening requirements and procedures, including interview(s), reference checks, verifications, physical examination, and fingerprinting as applicable.

Initials

I further understand that all volunteers and interns are responsible for being familiar with the policies of CYC, and that CYC has complete discretion to modify its policies, rules and regulations at any time, to the extent permitted by applicable laws.

Initials

I certify that the information I have provided above is true, complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form, relating to my application for volunteer position or while volunteering may result in the denial or immediate termination by CYC.

Initials

I hereby authorize CYC, or its agents, to confirm all statements contained in this application, to the extent permitted by applicable law. I further, authorize the references I have listed to disclose to CYC any and all letters, reports and other information related to my work or volunteer records, without giving me prior notice of such disclosure.

APPLICANT'S SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____
Parent/Guardian signature is required for applicants under 18 years old.



Motivating Youth to Succeed
啟導青年 邁步向前

**COMMUNITY YOUTH CENTER OF SAN FRANCISCO (CYC)
LIABILITY RELEASE AND WAIVER AGREEMENT**

In consideration for permission to participate in Community Youth Center of San Francisco (CYC) programs and activities, each person signing below hereby stipulates and agrees:

1. ASSUMPTION OF RISK

I represent that I am physically sound and have medical approval to participate in CYC programs and related activities. I have recently sought and received a medical examination that determined that it is safe for me to participate. I shall promptly notify CYC in writing of any changes in my health that might call into question the appropriateness of me continuing to participate. I VOLUNTARILY AND FREELY CHOOSE TO ASSUME ALL RISKS AND DANGERS, including the risk of injury or death that may be associated with, or result from, my participation.

2. RELEASE FROM LIABILITY

I agree, for myself and my heirs, to fully and forever discharge and release CYC, their officers, directors, agents and employees from any and all liabilities, claims, demands, actions and causes of action whatsoever whether known or unknown based upon any injuries, costs, loss of services, expenses, actions and causes of action whatsoever whether known or unknown based upon any injuries, costs, loss of services, expenses and any and all damage claims whatsoever, whether caused by their NEGLIGENCE or for any other reason, on the account of, or in any way resulting from, personal injuries, conscious suffering, death or property damage to myself or to any other person or property, in any way connected with my preparation or practice for, or participation in, the activities. I agree that this Liability Release and Waiver Agreement shall include my participation in any and all sports activities sponsored by the Releasees including, but not limited to, practice sessions, instructional sessions, activities directed by a coach or a team representative and/or promotion activities.

3. COVENANT NOT TO SUE

I agree, for myself and all my heirs, not to sue Releasees, not to initiate to assist the prosecution of any claim for damages or case of action which I or my heirs may have by reason of personal injury or death to participation or destruction to participant's property arising from Releasees' activities.

4. INDEMNITY AGREEMENT

I agree, for myself and my heirs, to indemnify and hold harmless the Releasees from any loss, claims, action, causes of action, or proceedings of any kind which may be initiated by me or by any other person, entity or organization, including demands, judgments, costs, loss of services, expenses, or reimbursement of counsel fees incurred by participant or by the Releasees from activities contemplated by this agreement. I give permission to Releasees to obtain on my behalf any emergency medical treatment. In case of sickness, accident or injury, Releasees have my express permission to secure, at my expense, such medical treatment as is deemed necessary in the sole discretion of Releasees.

5. CONTINUATION OF OBLIGATIONS

I agree, for myself and my heirs, that the above provisions, including ASSUMPTION OF RISK, RELEASE FROM LIABILITY, COVENANT NOT TO SUE & INDEMNITY AGREEMENT shall continue in full force and effect now and at all future times when participant is involved in the activities. In the event of any dispute or controversy arising with respect to this Release and Liability Agreement, its interpretation, application and/or extinction, said dispute or controversy will be resolved by binding arbitration proceedings conducted by the American Arbitration Association ("AAA") in San Francisco, California, pursuant to the commercial arbitration AAA rules then in effect.

6. PHOTOGRAPHY AND VIDEO RELEASE

I give permission for the CYC to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in CYC activities in future CYC promotional purposes, without additional release or authorization.

I HEREBY ACKNOWLEDGE THAT I HAVE FULLY READ EACH OF THE ABOVE PROVISIONS AND FULLY UNDERSTAND AND AGREE WITH EACH PROVISION. I HAVE HAD THE OPPORTUNITY TO HAVE COUNSEL OF MY CHOICE REVIEW IT WITH ME. I HAVE READ AND FULLY UNDERSTAND AND ACCEPT EACH OF THE PROVISIONS OF THIS AGREEMENT. I HEREBY EXPRESSLY WAIVE THE PROVISIONS OF CALIFORNIA CIVIL CODE SECTION 1542 WHICH PROVIDES AS FOLLOWS: **CERTAIN CLAIMS NOT AFFECTED BY GENERAL RELEASE. A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM, MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.**

I HEREIN UNDERSTAND AND AGREE that all rights under Section 1542 of the California Civil Code are expressly waived and that this Release releases all injuries, damages, or losses to the person and property, real or personal, whether known or unknown, foreseeable, unforeseeable, patent or latent, which she/he may have against another party or parties herein released. I hereby declare that I am over the age of 18, unless my guardian has signed below.

Signature of Participant: _____ PRINT Name of Participant: _____ Date: _____

IF UNDER AGE 18,

Signature of Parent/Guardian: _____ PRINT Name of Parent/Guardian: _____ Date: _____