

COMMUNITY YOUTH CENTER OF SAN FRANCISCO VOLUNTEER / INTERN APPLICATION

Thank you for your interest in becoming a volunteer or intern for Community Youth Center of San Francisco ("CYC"). CYC follows a policy of Equal Employment Opportunity, and will not discriminate against any applicant or employee on the basis of race, age, religion, gender, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, sexual orientation, or any other basis recognized by federal, state or local law.

LEASE PRINT		Today's Date:				
Last Name	ne First Na		ame Mi		ddle Name	
Address		City State		Zip	Zip	
Home Phone		Cell Phone		Email	Email	
MERGENCY CON	NTACT					
Name		Relations	hip	Pho	ne #	
Name		Relations	hip	Pho	ne #	
olunteer/Intern	position applying for:		If offere	d, what date o	an you start?	
ave you ever vol	unteer, intern or worked fo	or CYC before?	☐ Yes ☐No If ye	es, when & role	9?	
ow did you hear	about this volunteer/inter	n opportunity?	☐ Current/Former P☐ Referred by:		Online School Other	
olunteer/Intern	☐ After School/Summer	After School/Summer Programs 🚨		/Clerical 🗖 E	Behavioral Health	
terest:	☐ Dragon Boat☐ Other		Mentoring Community Service R		pecial Events # of Hrs Needed:	
	ears old?	☐ Yes	☐ No (If no, please h	ave parent or	guardian sign applicatior	
re you over 18 ye						

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AVAILABILITY

Please fill in the hours you are available to volunteer/intern:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Language profic	ciencies:		Sneci	al skills:			
Do you have a c		cense?		s □ No If yes, Sta	to & Lic #.		
-		: Aid certification		s □ No If yes, sta			
Do you have a c	uneni CPR/Filsi	Ald Certification	i: La res	s u No II yes, dat	.e issueu:		
EDUCATION INFO	ORMATION						
Name of School		City & State		Course of Study / Degree		Year(s) / Level Completed	
Name of School		City 0 State		Course of Study / Dogs		/ Layel Campulated	
Name of School		City & State		Course of Study / Degre	ee Year(s)	/ Level Completed	
MPLOYMENT IN	NFORMATION						
Name of Employer		. Ctata	Position Ti		Dates of Employ	t	
Name of Employer	City	& State			Dates of Employ	ment	
			May we contac	ct this employer fo	r a reference?		
Supervisor's Name	Р	hone	□ Yes □ No	Reason for Leaving	g:		
Name of Employer	City	& State	Position Ti	tle	Dates of Employ	rment	
			May we contac	ct this employer fo	r a reference?		
Supervisor's Name	Р	hone	□ Yes □ No	Reason for Leaving	g:		
					-		
OLUNTEER INF	ORMATION						
Name of Organizatio	City	& State	Role		Dates of Volunte	oring	
Name of Organizatio	on City					•	
			May we contac	ct this organization	n for a reference?		
Supervisor's Name	Р	hone	□ Yes □ No	Reason for Leaving	g:		
Name of Organizatio	n City	& State	Role		Dates of Volunte	eering	
			May we contac	ct this organization	for a reference?		
Supervisor's Name	P			Reason for Leaving			
					-		

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References

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

1.			
Last Nar	me First Name	Address	City State Zip
Occupa	ition	# of Years Acquainted	Phone
2. Last N	ame First Name	Address	City State Zip
Occup	pation	# of Years Acquainted	Phone
3. Last Na	me First Name	Address	City State Zip
Occupa	ation	# of Years Acquainted	Phone
Initials	I acknowledge that I am applying for unpaid, and is not eligible for any em	ployee benefits, although intern	s may receive school credits.
	CANT CERTIFICATION — PLEASE REA Each Paragraph and Sign Below	D CAREFULLY	
Initials	I understand that this application is n volunteering and interning with CYC i with or without cause, by either myse	is at-will , which means it can be If or CYC. I further understand th	e terminated at any time, nat volunteering or interning
	is based on completion of all voluntee interview(s), reference checks, verifica		
Initials	I further understand that all volunteer policies of CYC, and that CYC has com at any time, to the extent permitted b	plete discretion to modify its po	
Initials	I certify that the information I have pr my knowledge. I understand that any on this form, relating to my applicatio or interning, may result in the denial o	falsification, misrepresentation on for volunteer position or interi	or omission of information nship, or while volunteering
Initials	I hereby authorize CYC, or its agents, the extent permitted by applicable lato CYC any and all letters, reports and without giving me prior notice of such former employers and all other personand all claims, demands or liabilities adisclosure.	w. I further, authorize the refered other information related to my n disclosure. In addition, I hereby ns, corporations, partnerships ar	nces I have listed to disclose work or volunteer records, release the CYC, my and associations from any
APPLIC	ANT'S SIGNATURE:	DATE	::
SIGNAT	TURE OF PARENT OR GUARDIAN:	DATE	::

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Parent/Guardian signature is required for applicants under 18 years old.



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. CYC MEDIA RELEASE

CYC may from time to time, capture photographs and video of our participants at all related sponsor CYC activities in action. Therefore, we request that you agree with the terms of our media release. I hereby grant Community Youth Center of San Francisco the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits, pictures, videos or audio recordings of me or in which I may be includes intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever, as well as any publication thereof.

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:

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