



**VOLUNTEER / INTERN APPLICATION**

Thank you for your interest in applying to be a volunteer or intern at 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.

**PLEASE PRINT**

Today's Date: \_\_\_\_\_

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

**EMERGENCY CONTACT**

_____	_____	_____
Name	Relationship	Phone #
_____	_____	_____
Name	Relationship	Phone #

Volunteer/Intern 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/intern opportunity?  Current/Former Participant

Online  School  Referred by: \_\_\_\_\_  Other \_\_\_\_\_

Volunteer/Intern Interest:  After School/Summer Programs  Administrative/Office/Clerical

Behavioral Health  Dragon Boat  Mentoring  Special Events  Other \_\_\_\_\_

Community Service Requirement - # of Hrs Needed: \_\_\_\_\_

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

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

Why are you interested in volunteering or interning at the CYC? \_\_\_\_\_

\_\_\_\_\_

**AVAILABILITY**

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

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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: \_\_\_\_\_

**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: _____	
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_____	_____	_____	_____
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: _____	
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_____	_____	_____	_____
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.

1. \_\_\_\_\_

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

2. \_\_\_\_\_  
 Last Name First Name Address City State Zip  
 \_\_\_\_\_  
 Occupation # of Years Acquainted Phone

3. \_\_\_\_\_  
 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 or intern with CYC. This position is unpaid, and is not eligible for any employee benefits, although some interns may receive school credits or a stipend/incentive for program completion.
_____ Initials	I understand that this application is not a contract, offer or promise of employment, and that volunteering and interning with CYC is <b>at-will</b> , which means it can be terminated at any time, with or without cause, by either myself or CYC. I further understand that volunteering or interning is based on completion of all volunteer/intern screening requirements and procedures, including interview(s), reference checks, verifications, physical examination, and fingerprinting.
_____ 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 internship, or while volunteering or interning, 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. In addition, I hereby release the CYC, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
_____ Initials	<b>I have a commitment to taking regular COVID-19 health tests as required by program health and safety guidelines and/or current directives. I must also have the ability to complete the COVID-19 vaccination requirement unless I qualify for an exemption due to a disability or religious reason. (Exemptions must be approved by H.R.)</b>

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

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



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, 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 included 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 HEREBY 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: \_\_\_\_\_



**COVID-19  
ASSUMPTION OF RISK, WAIVER OF LIABILITY, HOLD HARMLESS AGREEMENT**

CYC requires all volunteers to be fully vaccinated for COVID-19 before signing up to participate in our volunteer activities/events. Please check the below to certify that you and/or your child is fully vaccinated and agree to the terms and conditions of this Assumption of Risk for COVID-19 and Waiver of Liability/Hold Harmless agreement.

**I certify that I and/or my child is fully vaccinated for COVID-19 and agree to adhere to all safety protocols as required.**

**Assumption of Risk for COVID-19:** I understand that my child's participation in this activity is voluntary and is not required. By signing below, I acknowledge that I understand the risks of COVID-19 associated with participating in this Activity. I voluntarily assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself. By signing below, I further acknowledge that I understand that the risk of exposure to, contracting, or spreading COVID-19 may result from the acts, omissions, or negligence of myself and others, including but not limited to the CYC of SF employees, agents, representatives, volunteers; other students, program participants, and their families; and/or other individuals who may be present in the facilities or in attendance at any CYC of SF activity. I knowingly assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself.

**Waiver of Liability/Hold Harmless:** By signing below, and in consideration for providing my child and/or myself the opportunity to participate in the Activity, I voluntarily agree to waive and discharge any and all claims against the CYC of SF related to or arising out of COVID-19, and voluntarily release the CYC of SF from liability for any exposure to or illness or injury from COVID-19, including claims for negligent actions of the CYC of SF or its employees, agents, representatives, and volunteers related to or arising out of COVID-19, on behalf of myself and my child to the fullest extent allowed by law. By signing below, and in consideration for providing myself and/or my child the opportunity to participate in the Activity, I agree to release, discharge, and hold harmless the CYC of SF and its employees, agents, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from COVID-19.

I certify that I am the parent and/or legal guardian of the above-named child(ren) OR am the above-named individual and am 18 years of age or older, that I have read and understand the foregoing, and accept and agree to be bound by the terms and conditions of the above.

Signature of Participant: \_\_\_\_\_

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

PRINT Name of Participant: \_\_\_\_\_

Phone: \_\_\_\_\_

IF UNDER AGE 18,

Signature of Parent/Guardian: \_\_\_\_\_

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

PRINT Name of Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_