



# Parks & Recreation

Individual Volunteer Application Packet



## Napa Parks and Recreation Services Department

*“Dedicated to improving the quality of life for the community by providing exceptional Programs, facilities and services.”*

Parks and Recreation Services  
1850 Soscol Ave. Suite 201, Napa, CA 94559  
707-257-9529

### **Volunteer Welcome Letter**

Congratulations! You have just taken your first step on the road to a fun, fulfilling and meaningful volunteer experience with the City of Napa Parks and Recreation Department. As a result of the time and effort you provide we are able to provide our community with exceptional programs, facilities and services.

Here are just a few of the areas available to you as a volunteer:

- Youth & Adult sports
- Aquatics programs
- Preschool programs
- Senior Programs and services
- Special Events and activities
- Parks & Trail maintenance

We want to thank you in advance for donating your time, talent and passion and bringing your unique set of skills and expertise to our volunteer program. Thanks to your unique set of experiences, skills and abilities that we can provide affordable, well-run programs that will serve all parts of the Napa community.

Welcome aboard,

John Coates  
Napa Parks and Recreation Services Department Director



## City of Napa Volunteer Application

Last Name	First Name	M.I.	Email Address
Address	City	State	Zip
			Best Contact Phone Number

**Availability** – Please indicate the days and times you are available. Hours per week desired: \_\_\_\_\_

Monday <input type="checkbox"/> AM <input type="checkbox"/> PM	Tuesday <input type="checkbox"/> AM <input type="checkbox"/> PM	Wednesday <input type="checkbox"/> AM <input type="checkbox"/> PM	Thursday <input type="checkbox"/> AM <input type="checkbox"/> PM	Friday <input type="checkbox"/> AM <input type="checkbox"/> PM	Saturday <input type="checkbox"/> AM <input type="checkbox"/> PM	Sunday <input type="checkbox"/> AM <input type="checkbox"/> PM
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**Please indicate your areas of interest:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Adult Sports/Fitness    | <input type="checkbox"/> Preschool Programs      | <input type="checkbox"/> Seasonal Special Events |
| <input type="checkbox"/> Fun Over 50             | <input type="checkbox"/> Special Needs Programs  | <input type="checkbox"/> Public Safety Program   |
| <input type="checkbox"/> Youth and Teen Programs | <input type="checkbox"/> Office Assignments      | <input type="checkbox"/> Horticulture            |
| <input type="checkbox"/> Summer Camps for Kids   | <input type="checkbox"/> Historical Preservation | <input type="checkbox"/> Parks Maintenance       |

**Experience** – Please list your most recent or relevant employment or volunteer experience:

Company	Job Title	Employment Dates
Job Responsibilities		Supervisor
		Phone Number

1) Do you require any special accommodations to serve as a volunteer? If so, please describe:

\_\_\_\_\_

2) Have you ever been convicted of a crime?  Yes  No

If yes, describe the nature of the crime and the date of the conviction and disposition. Applicant may omit any convictions for the possession of marijuana (except for convictions for the possessions of marijuana on school grounds or possession of concentrated cannabis) that are more than two years old, and any information concerning a referral to, and participation in, any pre-trial or post-trial diversion program.

\_\_\_\_\_

3) Are you required to complete community service hours (e.g., student internship, court-required service)?

Yes  No      If yes, how many hours are required? \_\_\_\_\_ Completion Due Date: \_\_\_\_\_

4) Do you have a Driver's License?  Yes  No      Driver's License # \_\_\_\_\_

Has your driver's license ever been revoked or suspended?  Yes  No

Do you have insurance on your personal vehicle?  Yes  No

### City of Napa

City Hall: 955 School Street, Napa CA 94559 | Mailing Address: P.O. Box 660, Napa CA 94559 | (707) 257-9500 | [www.cityofnapa.org](http://www.cityofnapa.org)

For TTY/Speech-to-Speech users, dial 7-1-1 for the California Relay Service, offering free text-to-speech, speech-to-speech, and Spanish-language services 24 hours a day, 7 days a week.

## VOLUNTEER SERVICES AGREEMENT AND RELEASE

**Confidentiality Agreement:** I respect the confidentiality of City information, and will discuss or give official information only as directed by a supervisor. No confidential information will be provided to the public without specific authority from the appropriate City staff.

**Photo Release:** I give the City of Napa, free of compensation, unlimited permission to use, publish, and republish, in any media now in existence or that may later be developed, for any lawful purpose as it may determine, information and reproductions of my likeness and my voice related to any aspect of my volunteer service for the City. I hereby waive my right to first review the use of my likeness or voice before any use or publication.

**Reference Verification and Background Checks:** The information I have provided in this application will only be used for volunteer application purposes. I understand that as a volunteer I will not be paid for my services. I authorize reference and employment verification as necessary for specific positions that I have volunteered to perform. I understand that I may be asked to complete one or all of the following for specific positions that I have volunteered to perform: fingerprinting, photographing, criminal background checks, Department of Motor Vehicles checks, TB test, and signed waiver from my doctor. Volunteers assigned to the Police Department may be required to provide additional reference and background information.

**Permission to Seek Medical Treatment:** In the event of an emergency, I hereby give the City of Napa permission to seek medical attention for myself or my child, if volunteer applicant is less than 18-years-old. I authorize qualified physicians to render medical treatment or care that they may deem necessary for me or my child in case of illness or accident in the course of performing volunteer activities or services for the City of Napa.

**Insurance Information and Liability Release:** I understand that I am a volunteer, donating my time, services and energies to the City of Napa and I acknowledge I will receive no salary, remuneration or benefits for my volunteer services. I understand there are some risks and that I may be injured in the course of performing volunteer activities or services for the City of Napa. I understand that the City's policy is to cover volunteers as "employees" of the City for sole purpose of California Workers' Compensation benefits. I also understand that under Workers' Compensation laws, Workers' Compensation benefits will be the sole and exclusive remedy in the event I am injured while performing these volunteer activities and services. I further understand and agree that I will only be entitled to medical expenses under the City's Workers' Compensation. I will not be entitled to any other Workers' Compensation benefits which may include, but are not limited to, permanent or temporary loss of use damages, replacement income or vocational rehabilitation benefits.

I agree that I will observe, comply, and abide by, all of the rules and regulations of the City at all times that I am performing volunteer services on behalf of the City. Additionally, I agree that I will comply with the reasonable orders and directives given to me by responsible City employees. In the event that I do not agree or wish to comply with any reasonable order or directive given to me by any City employee or have any concern regarding my services or orders or directives given to me, I agree that I will bring the matter to the attention of a City supervisor. I further agree that I will not misuse City property or attempt to profit from, or exploit others, or misuse my capacity as a volunteer with the City to gain any unfair advantage from the City, any business or organization having business or dealings with the City, or any member of the public that I may serve as a volunteer of the City.

With the exception of Workers' Compensation benefits as set out above, I hereby agree that I, my heirs, guardians, legal representatives and assigns will not make a claim against or file an action against the City of Napa and their respective officials, officers, agents, employees and volunteers (hereinafter referred to as 'RELEASEES'), for injury or damage arising out of, related to, or connected with, my participation in these volunteer activities or services, from any cause whatsoever, including but not limited to RELEASEES' active or passive negligent acts or omissions. In addition, I hereby RELEASE and DISCHARGE the RELEASEES from all actions, claims, and demands of any nature that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage arising out of, related to, or connected with, my participation in these volunteer activities or services, from any cause whatsoever, including but not limited to RELEASEES' active or passive negligent acts or omissions.

By my signature below, I signify that I have read, understand, and voluntarily agree to be bound by each of the terms stated above.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If under 18, parental consent is required. I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to participate in volunteer work with the City of Napa Volunteer Program.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

*The City of Napa will make reasonable efforts in the selection process to accommodate persons with disabilities. Please advise the City of such special needs at the time of application. An Equal Opportunity Employer.*