



# **Parks & Recreation**

Organization 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.”*

### **Volunteer Organization Welcome Letter**

Congratulations! As the volunteer leader for your organization, we are excited to provide you and the members of your organization with a fun, fulfilling and meaningful volunteer experience with the City of Napa Parks and Recreation Department. As a result of the time and effort your organization provides we are able to provide our community with exceptional programs, facilities and services.

Here are some of the potential volunteer opportunities available to your organization, either on a one-time or on-going basis.

- Parks & Trail maintenance
- Adopt-A-Park Program
- Friends of the Park Program
- Planting Flowers & Trees
- Special Event

We want to thank your organization in advance for donating their time, talent and passion to our volunteer program and helping to give back to the City of Napa. It is thanks to the dedication and compassion of volunteer organizations such as yours that we can provide affordable, well-run programs that will serve all parts of the Napa community.

Welcome aboard,

A handwritten signature in black ink that reads 'John Coates'. The signature is written in a cursive, flowing style.

John Coates  
Napa Parks and Recreation Services Department Director



### City of Napa Volunteer Organization Application

Organization Name: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

Organization Leader: \_\_\_\_\_ Organization Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Number of Volunteers? \_\_\_\_\_

**Availability** – Please indicate the days and times you are available.

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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#### What division would your organization like to be involved with?

Parks  Recreation

- 1) Do any of your volunteers require special accommodations to serve as a volunteer? If so, please describe:  
\_\_\_\_\_
- 2) Have you or your organization volunteered with the City of Napa Parks and Recreation Department before? If so, please indicate when and duties performed.  
\_\_\_\_\_
- 3) Are there any people within your group that are have specific skill sets that could be of use? (i.e. construction, landscaping, power tool usage, etc.)  
\_\_\_\_\_
- 4) Do you or any people within your group have any allergies to any foods, plants, or any other substances that we need be made aware of?  
\_\_\_\_\_
- 5) Are there any projects/activities that any of your volunteers would have difficulty with or be unable to complete because of any physical or mental disability or handicap?  
\_\_\_\_\_
- 6) Are there any other issues or concerns that we should be made aware of?  
\_\_\_\_\_

**Please Note:** The services agreement and release below is to be signed by the leader of the volunteer group; in this way, all volunteers agree to abide by the rules and regulations of the City of Napa Parks and Recreation Department.

#### 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.*

**City of Napa**

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