



Largest Tributary on the West Side
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FOR OFFICE USE ONLY

Date Received: ___/___/___
Orientation Date: ___/___/___
Database Entry Date: ___/___/___

VOLUNTEER REGISTRATION FORM

Please Print

Full Name: _____ Female Male
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Date of Birth (optional): _____
Email Address: _____

Work Information

Employer: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ Fax: _____ Email Address: _____

Emergency Contact:

Full Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

What is your availability to volunteer?

Check the days and circle if you are available in the mornings or afternoon/evenings.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
AM / PM AM / PM AM / PM AM / PM AM / PM AM / PM AM / PM

Have you volunteered before? YES NO

If yes, please explain: _____

Do you have any special skills or hobbies? _____

How did you hear about us? _____

Do you have any allergies that we should be aware of? YES NO

If yes, please explain:

Do you have any medical conditions that we should be aware of? YES NO

If yes, please explain:

Are you currently a student? YES NO

If yes, what school do you currently attend? _____

When will you graduate? _____

May we publically recognize you for your volunteer service with CCWG? YES NO

Declaration of Convictions

Have you ever been convicted of a felony? YES NO

If yes, please explain:

If yes, was the conviction in California or in another state? Please specify state(s): _____

Advisory: A check of the volunteer applicant's criminal history may be made to verify the responses to the above questions for the sole purpose of ensuring the safety of its staff, volunteers and visitors. No applicant will be denied volunteer status solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.

References:

Please list three references not related to you (i.e. employer, coworker, teacher, friend, etc.)

Full Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Best Time To Contact: _____

Full Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Best Time To Contact: _____

Full Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Best Time To Contact: _____

**Cottonwood Creek Watershed Group (CCWG)
Volunteer's Informed Consent**

I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and active volunteer status may be terminated at any time. In consideration of my volunteer application, I agree to adhere to the policies and regulations of CCWG, and I agree that my volunteer status can be terminated, with or without cause, and with or without notice, at any time by CCWG.

I understand that as a volunteer with CCWG, I will be volunteering my services in various capacities. I understand that the nature of the volunteer activities which are typically performed by CCWG volunteers, and which may be performed by me as a CCWG volunteer, may involve physical activity, contact with unidentified and unfamiliar persons, travel to and from various project site locations and other potential risk of injury. Knowing this, I still wish to volunteer and hereby assume the risk, with respect to any liability of CCWG for such risks, including any accident or injury to person or property which I may sustain in connection with my participation as a CCWG volunteer or in any CCWG and any of its directors, officers, employees, partners, affiliates, agents and successors from any and all liability or responsibility for any such accidents or injury.

Signature

Date

Printed Name

Parent's signature is required for volunteers under 18 years of age.

Parent's Signature

Date

Parent's Printed Name