

CITY OF TUSTIN PARKS AND RECREATION

VOLUNTEER APPLICATION

Please print clearly. Mr. Mrs. Ms.

Today's Date: _____

Name: _____ Complete Date of Birth (Required): _____
Last First Middle Initial

Address: _____ City: _____ CA Zip Code: _____

Home Phone: (_____) _____ Cell Phone #: (_____) _____

Email: _____ Occupation: _____

Priority Interests Flexible

Special Event Assistant Tustin Area Senior Center Tustin Family Youth Center
 Columbus Tustin Activity Center Tustin Teens in Action Other: _____

Availability: M T W Th F Sat/Sun Times: _____ To: _____

Is it necessary to limit your physical activity in any way? Yes No

If "Yes," what is your limitation? _____

Why do you want to volunteer for the City of Tustin?

Is your volunteer service court ordered? Yes No

How many hours per week are you interested in volunteering? _____

What school are you attending? _____ Is a time sheet required? Yes No

Individuals to be notified in case of emergency:

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Medical Emergency Information:

Name of Doctor: _____ Phone: (____) _____

Preferred Hospital: _____

MUTUAL UNDERSTANDING

1. I understand that if I use my personal automobile to travel to and from my volunteer service that I will carry Automobile Liability Insurance equal to the minimum limits required by the State of CA.

2. I understand that **it is my responsibility** for recording and totaling my hours daily on a time sheet at each location where I volunteer.

3. I understand that photographs are taken of volunteers performing their duties that are used in publications. I **DO** **DO NOT** authorize the use of my picture for this purpose (please initial).

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Interview: Date ____/____/____ By: _____

Comments: _____

Please return to: City of Tustin Parks and Recreation, Attn: Alissa Rojas, 300 Centennial Way, Tustin, CA 92780