



## Youth Volunteer Application

**Please Note:** Please complete the Volunteer Application in its entirety (Parts I & II). This is for youth only, adults please see instructions. **Please print clearly.**

### **Part I. Getting to Know You**

Please answer the following questions to the best of your capability. These questions are used to assess your interests, maturity, motivation and personal goals. Remember to answer all parts of the question.

1. Why are you interested in volunteering at Sacramento Adventure Playground and what made you choose us as your service location?

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2. What are your service hours going towards (i.e. school credit, personal hobby, resume, service group/club, etc.)?

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3. What is your goal as a volunteer? How do you envision yourself achieving your goal?

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4. List at least three things that you pledge to do each time you volunteer at Sacramento Adventure Playground?

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The logo for Sacramento Adventure Playground features the word "Sacramento" in a black, handwritten-style font on a yellow brushstroke background. Below it, the words "Adventure Playground" are written in the same black, handwritten-style font on a blue brushstroke background.

**Part II. Personal Information** (Please Print Clearly)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Emergency Contact Information**

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Which of the Volunteer Programs are you interested in? (Check all that apply)

- Community Day Activity Station       General Clean-Up       Group Service Organization  
 Volunteer Originated Station

If you are currently a high school student, or enrolled in a local college/university please provide the name of the school you attend:

\_\_\_\_\_

If you are a member of a service group please provide the name(s) of the club, service group/fraternity, program, etc.

Organization Name: \_\_\_\_\_

Contact Person/Group Liason: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

# Sacramento Adventure Playground

## Part II. Personal Information Continued

Have you ever been convicted and/or arrested for a misdemeanor/felony?  Yes  No

If you answered yes please specify the nature of the incident including date of conviction and any other information you wish to include:

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### Please read the agreement below carefully and thoroughly before signing.

Whereas, the undersigned has made a request for permission to participate as a volunteer at Sacramento Adventure Playground and has further requested permission to accompany and/or assist an employee or employees during the active performance of official duties as a volunteer.

And, whereas, the undersigned acknowledges that the work and activities at Sacramento Adventure Playground involve the possible risk of injury, expense or loss to the person or property.

Now, therefore, in consideration of the Friends of Fairytale Town, a not for profit corporation that operates Fairytale Town and the Sacramento Adventure Playground, by and through its cooperation in making available to the undersigned the necessary personnel and the use of its equipment and other facilities for the aforesaid purpose, the undersigned expressly agrees to and knowingly hereby does assume all risks arising in the course of said activities specifically agrees to indemnify and hold harmless the Friends of Fairytale Town, loss or damage of liability caused by the negligence of the Friends of Fairytale Town, its agents or employees, or otherwise, and the officers, agents and employees from and against any and all claims, loss, damage and liability injury to the person or property of another or occurring while participating as a volunteer or while accompanying and/or assisting an employee during the active performance of his/her official duties as a volunteer.

By completing the following, the undersigned expresses his/her agreement with the terms and conditions specified previously.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Under 18: Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please submit completed application to:

Sacramento Adventure Playground  
3901 Land Park Drive  
Sacramento, CA 95822  
Fax: 916.808.5356  
Phone: 916.808.7462

#### For Office use only

Date Received: \_\_\_\_\_  
Entered into DB: \_\_\_\_\_  
Added to email on: \_\_\_\_\_