



Agoura Hills/Calabasas Community Center
 27040 Malibu Hills Road, Calabasas, CA 91301 • Phone: (818) 880-2993 • Fax: (818) 880-2953 • www.ahccc.org

Volunteer Application

Please print clearly.

Contact Information		
First Name:	Last Name:	
Street:	City:	Zip:
Home Phone: ()	Cell Phone: ()	
Emergency Phone: ()	Email:	

Background Information	
Volunteer area desired: <input type="checkbox"/> Front Desk/administrative <input type="checkbox"/> Fitness Center <input type="checkbox"/> Programs <input type="checkbox"/> Rentals/Events <input type="checkbox"/> Rock Wall <input type="checkbox"/> Maintenance	
Briefly describe your experience as it relates to the area(s) you chose above:	
How many hours are you looking to volunteer for?	Needed by a certain date? <input type="checkbox"/> No <input type="checkbox"/> Yes Date:
Are you volunteering to complete school requirements? <input type="checkbox"/> No <input type="checkbox"/> Yes School and grade:	
Are you volunteering to complete court-awarded community hours? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you ever been convicted of a criminal offense which resulted in imprisonment, probation or a fine of more than \$25? A conviction will not necessarily disqualify you. <input type="checkbox"/> No <input type="checkbox"/> Yes Briefly explain:	

General Availability						
Mon	Tue	Wed	Thu	Fri	Sat	Sun
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Daytime	<input type="checkbox"/> Daytime	<input type="checkbox"/> Daytime	<input type="checkbox"/> Daytime	<input type="checkbox"/> Daytime	<input type="checkbox"/> Daytime	<input type="checkbox"/> Daytime
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

General Release, Waiver and Indemnity Agreement

I certify that I am volunteering to participate in the above program(s). I understand that "participation" in the Program may include preparing for, traveling, receiving instruction, and engaging in the Program. I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in the Program. I realize that, by participating in this Program, I will be exposed to a risk of injury or death. In consideration of permitting me to enroll in and participate in the Program, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive, and relinquish the Joint Powers Authority (and its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out of or relate to the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the Joint Powers Authority (or its officers, agents, employees, or volunteers). I further agree (on behalf of myself, my heirs, executors, administrators, and assigns) to indemnify, defend, and hold harmless the Joint Powers Authority (and its officers, agents, employees, and volunteers) from any and all liabilities, claims or actions for personal injury, property damage, or wrongful death which arise out of or relate to my participation in the Program, whether or not the liability, claim, or actions arises out of negligence or carelessness on the part of the Joint Powers Authority (or its officers, agents, employees, or volunteers). I understand the dangers incidental to participating in the Program and the need for safety precautions. I have read this General Release, Waiver and Indemnity Agreement and am fully aware of the legal consequences of signing it. **PARENTAL CONSENT:** (To be completed and signed by parent/guardian if applicant is under 18 years of age). I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control and I do hereby give permission for the Child to participate in the above activity. I further certify that the Child is in good health and has no physical or other impediment which would endanger him or her while participating in the Program. I realize that, by participating in this program, the Child will be exposed to a risk of injury or death. I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I understand the dangers incidental to participating in the Program and the need for safety precautions and I have discussed the dangers of the program and the need for safety precautions with the Child.

Volunteer Signature:	Date:
Parent Signature (if volunteer is a minor):	Date:

To be completed by staff:

Number of hours completed:	Staff Signature:	Date:
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