

# Village Community Resource Center

633 Village Drive, Brentwood, CA 94513

Tel. 925.626.7892 Email: info@vcrcebrentwoodca.org

Visit us online: www.vcrcebrentwoodca.org



## EBRPD Summer Swim Program 2018 Volunteer Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ (Alternate) \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email: \_\_\_\_\_

How did you hear about Village Community Resource Center?

\_\_\_\_\_

Briefly describe your experiences working with children:

\_\_\_\_\_

\_\_\_\_\_

Briefly describe your reason for volunteering:

\_\_\_\_\_

\_\_\_\_\_

EBRPD Summer Swim program will run from **June 11<sup>th</sup> – June 21<sup>th</sup>**. **All interested volunteers must be available for the entire duration of the program.** Bus transportation will be provided.

Schedule is as follows:

**Monday - Thursday**

- 9:00am-1:00pm

### Summer Swim Volunteer Description

1. The primary role of volunteers is to supervise students on the bus, to and from swim lessons, and supervise while in the pool at East Bay Regional Park.
2. Each volunteer will be responsible for an assigned group of students.
3. Volunteer must ensure that students are practicing water safety while at the pool.
4. If the volunteer encounters students with behavioral issues, they must report behavior to VCRC staff.

## VCRC Summer Swim Volunteer Expectations

1. Must be dependable and available for the entirety of the two-week program.
2. Must be willing and able to get into the pool with participants.
3. Must enjoy working with children of various ages.
4. Volunteers should be patient, enthusiastic and provide positive leadership.
5. A volunteer's attitude and behavior must be professional at all times; this includes your encounters with students, staff and other volunteers. No disrespect of any kind will be tolerated.
6. All cell phones must be turned off or set to vibrate. **NO** text messaging is allowed during volunteer time!
7. Communicate any concerns to the Program Coordinator or VCRC staff.
8. If for any reason you are unable to attend one of the days, we ask that you let us know with as much advance notice as possible.
  - o If you need to contact us call **(925) 626-7892** or e-mail us at:  
[info@vcrcbrentwoodca.org](mailto:info@vcrcbrentwoodca.org)

**I hereby certify that all the above information is true. I have read the Volunteer Expectations and Job Description and agree to abide by all the policies of VCRC's After-School Academy.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### Photographic Release

I grant and convey to Village Community Resource Center all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Village Community Resource Center in connection with my providing volunteer services to the After School Academy program and its events.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Parent/ Guardian Signature (Minors):** \_\_\_\_\_

## Waiver of Liability and Express Assumption of Risk

This Waiver of Liability and Express Assumption of Risk executed on (date) \_\_\_\_\_ by (name of volunteer candidate) \_\_\_\_\_ releases Village Community Resource Center, a nonprofit corporation organized and existing under the laws of the State of California and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Village Community Resource Center and engage in activities related to the organization and its programs.

I understand, I am neither an intern nor employee of Village Community Resource Center and am therefore volunteering my services on a voluntary basis without anticipation of payment of any kind.

I will perform assigned tasks that are within my physical capability and I will not undertake tasks that are beyond my ability. Furthermore, I agree to observe all safety rules, and use care in the performance of my assignments and perform only those tasks to which I am assigned. I have received and read appropriate instruction regarding this volunteer activity or Event, including appropriate safety and emergency procedures, and I fully understand those instructions. I agree, after proper inspection, to use only the supplies, tools, and equipment provided by the staff and Event organizers. I will not use any equipment or tools with which I am unfamiliar or do not know how to operate safely;

I specifically acknowledge that I am engaging in this activity as a volunteer, at my own request and risk, and not as a Village Community Resource Center employee, intern, agent, official, officer or representative. I further acknowledge that I am not entitled to any compensation, benefit or insurance coverage from the Village Community Resource Center, or any event promoter or sponsor, nor will I make any such claim. I understand that the activity and/or Event involve certain inherent risks, including but not limited to the risks of possible injury, infection, loss of life, or property damage. Despite these risks, I still choose to proceed in such activity and/or Event.

I understand and agree that Village Community Resource Center, nor any of their respective employees, officers, agents, or assigns, (hereinafter collectively referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this activity and/or Event, or as a result of product liability or the negligence of any party, including Released Parties, whether passive or active.

I know of no physical limitation which should keep me from undertaking the activities associated with this activity and/or Event. In consideration for being allowed to participate, I hereby personally assume all risks in connection with the activity and/or Event for any harm, injury, or damage that may befall me as a participant, including all risks connected therewith, whether foreseen or unforeseen. I further save and hold harmless said activity and Released Parties from any claim or lawsuit for personal injury, property damage, or wrongful death, by me, my family, estate, heirs, or assigns, arising from our of participation in this activity, including both claims arising during the activity and after I complete this activity.

If I should become injured while participating in the activity and/or Event, I authorize any physician or surgeon licensed in the State of California to perform emergency or surgical treatment as in his or her sole judgment may be necessary. I further declare that I am over the age of eighteen and legally competent to sign this liability release, or that I have acquired written consent of my parent or guardian. I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding, and that I have signed this document of my own free act.

**BY THIS INSTRUMENT, I DO HEREBY EXEMPT AND RELEASE ALL "RELEASED PARTIES," AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE, I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MY HEIRS AND MYSELF.**

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Parent/ Guardian Signature (Minors):** \_\_\_\_\_