



## VOLUNTEER APPLICATION

The following information is needed by the Recreation and Park Department to ensure that the volunteers have a safe and enjoyable experience, and that the children under our care are safe and secure. If you have any questions, please call 415-242-5200(V); 415-242-5700 (TTY).

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone/Pager \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Yes \_\_\_ No \_\_\_ School \_\_\_\_\_ Major/year in school \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Race(s) \_\_\_\_\_ Languages Spoken \_\_\_\_\_

Person to Contact in Case of Emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone/Pager \_\_\_\_\_

**Please circle the days and fill in the times you are available to volunteer:**

Monday: From \_\_\_\_\_ To \_\_\_\_\_ Thursday: From \_\_\_\_\_ To \_\_\_\_\_

Tuesday: From \_\_\_\_\_ To \_\_\_\_\_ Friday: From \_\_\_\_\_ To \_\_\_\_\_

Wednesday: From \_\_\_\_\_ To \_\_\_\_\_ Saturday: From \_\_\_\_\_ To \_\_\_\_\_

**Why do you want to volunteer with Project Insight?**





**Please list your interests:**

**Previous volunteer experience/experience with Deaf people or people with disabilities:**

Name of agency \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates \_\_\_\_\_

**Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, please explain:**

Driver's License Number \_\_\_\_\_ Has you license ever been revoked or restricted? Yes \_\_\_ No \_\_\_

Please list the names and addresses of two references you have known for at least one year, and your present employer. Do not include relatives.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Years Known \_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Years Known \_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Years Known \_\_\_

I, \_\_\_\_\_, having applied to be a volunteer with the San Francisco Recreation and Park Department, do hereby authorize that agency to investigate facts concerning my qualifications for volunteer work with Project Insight and I authorize my employer, the Justice Department, Department of Motor Vehicles, Social Service, and other relevant agencies to release information about me. I will not make contact or see children involved in the programs outside of the program unless otherwise directed or given permission to do so by the program directors and/or the parents/guardians. I will keep all personal information and knowledge learned while participating in the programs confidential with regard to any of the children, their families, and other volunteers. I will not share this information with anyone outside of the programs unless in special circumstances in which the law may require me to do so.

Signature (Signature of parent if under 18) \_\_\_\_\_ Date \_\_\_\_\_

