



- This form must be completed and returned to the Personnel Office prior to the start of the program
- Fingerprints must be active to be eligible for volunteer service
- If fingerprints have been inactivated, you'll need to be re-printed and cleared, prior to the start of the program. You will be notified if your fingerprints have been inactivated to schedule an appointment for fingerprinting.

Please check which position you will be volunteering for and list any one you will be coaching with.

HEAD     ASSISTANT    COACHING WITH: \_\_\_\_\_

Please check the program you will be coaching for:

Primary Football     Primary Basketball     Tackle Football     Afterschool Sports Program (check below)  
 Summerball     Other: \_\_\_\_\_     Flag Football     Volleyball     Basketball

**PLEASE NOTE: SUMMERBALL HEAD COACHES NEED TO COMPLETE A COACHES CARD**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

THE BEST WAY TO REACH ME IS: \_\_\_\_\_

*CHECK ONE ONLY*

**NO CHANGES** TO MY ADDRESS AND PHONE NUMBER(S), SAME AS LAST YEAR

MY ADDRESS AND/OR PHONE NUMBERS HAVE CHANGED. MY NEW CONTACT INFORMATION IS:

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK OR CELL PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

### PARTICIPATION AGREEMENT

I agree to take my volunteer commitment seriously and perform my assigned tasks in a professional and efficient manner; follow my assigned schedule; and to notify my program supervisor promptly if I am unable to volunteer as scheduled because of unavoidable absence or delays, or the need to discontinue my assignment before its completion; and respect the confidentiality of all materials with which I come into contact with. I understand that when I started volunteering for the District, I was fingerprinted and cleared for service as a condition to volunteering. I understand as a volunteer for the District, my fingerprints remain active and that my assignment may be suspended or terminated should the District receive a subsequent violation notice from the Department of Justice that discloses an offense that falls under Public Resources Code Section 5164, that prohibits me from volunteering in a position with supervisory or disciplinary responsibilities over minors.

DATE: \_\_\_\_\_ VOLUNTEER SIGNATURE: \_\_\_\_\_

MINOR - UNDER 18 YEARS OLD-Parent or Guardian signature required

**PARENT MUST COMPLETE IF VOLUNTEER IS UNDER 18 YEARS OLD**

If an emergency occurs involving the above named minor and a parent/guardian cannot be reached, the undersigned authorizes supervisor of minor's volunteer project, or such substitute as he/she may designate, as agent for the undersigned, to consent to any medical, dental or surgical diagnosis or treatment and hospital care for the above minor. This must be deemed advisable by and rendered under the general or special supervision of a licensed physician, surgeon or dentist.

DATE: \_\_\_\_\_ PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

### PERSONNEL OFFICE ONLY

Date Received: \_\_\_\_\_ Processed by: \_\_\_\_\_

Volunteer verified information only (no changes)

FP Active     Updated LS     Input FP  
 FP Inactive – Date Inactivated: \_\_\_\_\_  
 Date reprinted: \_\_\_\_\_     Clear

Updated VOL Status card  
 Input in     VOL     Coaches file  
 NOTES: