

References: List names and contact information of two references you have known for at least one year, including employers. Do not use relatives.

1. Name: _____ Email: _____

Phone: _____ Relationship: _____

2. Name: _____ Email: _____

Phone: _____ Relationship: _____

Emergency Contacts:

(In case of emergency, if under 18, parent/guardian will be contacted first)

1. Name: _____ Relationship: _____

Phone (Day): _____ Phone (Evening): _____

2. Name: _____ Relationship: _____

Phone (Day): _____ Phone (Evening): _____

Please Read and Initial Each Paragraph and Sign and Date Below

___ I understand that as a volunteer for OVparks, I am not now and will not become an employee of OVparks and have no employment rights of any kind. I understand that my status as a volunteer may be terminated at any time for any reason.

___ I hereby authorize OVparks to contact my references regarding my suitability for a volunteer position.

___ I understand that my position as a volunteer is contingent upon the completion of a background questionnaire as required by Section 11105.3 of the Penal Code.

___ I understand that in the event of an emergency, volunteers are covered under OVparks Workers' Compensation Plan Policy.

___ I acknowledge that I have been informed of OVparks COVID-19 vaccination policy as a volunteer during times of high risk.

I have read, understand, and fully agree to the above:

Applicant Name: _____

Applicant's Signature: _____ **Date:** _____

If Volunteer is under the age of 18 years old, a parent or Guardian's signature is required.

Parent/ Guardian Name Printed: _____ Relationship: _____

Parent/ Guardian Signature: _____ Date: _____