



# RECREATION DIVISION VOLUNTEER PACKET

## Part 1: Volunteer Application:

The following information is needed by the Recreation and Park Department to ensure that volunteers have a safe and enjoyable volunteer experience and that the children and adults under our care are safe and secure. If you have any questions regarding this application please contact the Volunteer Office at 1-415- 831-6884 or e-mail us at [recparkvolunteer@sfgov.org](mailto:recparkvolunteer@sfgov.org). **Tuesday and Thursday fingerprint appointments are at the McLaren Lodge 501 Stanyan Street, San Francisco, CA 94117. Saturday appointments are at the Millwright Cottage 2100 Martin Luther King Jr Dr, San Francisco, CA 94122.**

Name & contact of Facility Coordinator \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Facility/Park/Program \_\_\_\_\_

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

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

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

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

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

E-mail Address \_\_\_\_\_

Are you available (Check all that apply):  Weekdays  Weekends  Mornings  Evenings

Why do you want to volunteer for the Recreation and Park Department?

\_\_\_\_\_

Would you like to join Rec Corps and volunteer at one or more of our citywide special events, like the Summer Playday, Eggstravaganza, Scaregrove, Turkey Cook-off or the Holiday Tree Lighting?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, please explain: \_\_\_\_\_

Valid California Driver's License:  Yes  No Driver's License Number: \_\_\_\_\_

Has your license ever been revoked or restricted?  Yes  No

Volunteers with the Recreation Division may be asked to officiate team sports, teach classes, tutor, assist with loading or unloading materials, clean-up work area, and in doing so may have to climb ladders, drive, sweep, read, write, run, lift, etc. Is there any reason you would be unable to perform these **duties**?

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Previous volunteer experience:

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List names and addresses of 3 references you have known for at least one year, include your present employer. Do not use relatives.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ No. of years known \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ No. of years known \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ No. of years known \_\_\_\_\_

## **AUTHORIZATION AND AGREEMENT**

I, \_\_\_\_\_, having applied to be a volunteer with the San Francisco Recreation and Park Department, do hereby authorize the agency to investigate facts concerning my qualifications for volunteer work with the Recreation Division and I authorize my employer, Justice Department, Department of Motor Vehicles, social services and other relevant agencies to release information regarding me that is known to their departments.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Parent/Guardian signature required for minor 17 and under**

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Request, Authorization and Consent for Release of Information to Employer and  
Release from Liability for Disclosure or Information**

I understand that in connection with the application process, San Francisco Recreation and Park Department may request information from my past employers, educational institutions, personal references, and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation may include a review of any criminal history records. Prior to signing this form, I read the San Francisco Recreation Department's Application Background Investigation Policy, which I fully understand. I have provided complete and truthful information to the San Francisco Recreation and Park Department regarding all sources of information about my past employment, volunteer services, education, licensure, certification, criminal conviction record, as well as any other information requested in the volunteer application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment, or immediate discharge. In order to assist San Francisco Recreation and Park Department in obtaining documents and information to confirm my background, if necessary, I hereby consent to the release of information more specifically described below.

I request, authorize, and consent to the San Francisco Recreation and Park Department's thorough investigation of whether I have a criminal history, and if so, the nature of such criminal record and all surrounding circumstances available through lawful means. San Francisco Recreation and Park Department has advised me that its criminal background check will focus on convictions which would disqualify me from employment/volunteerism, e.g. Public Resources Code Section 5164.

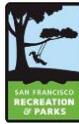
I further hereby release and hold harmless San Francisco Recreation and Park Department, its officers, employees and agents, and any other person, or public or private industry entity inquiring about, investigating, furnishing, communicating, reviewing or evaluating information or documents pursuant to the Request, Authorization, Consent, and Release, or making any written or verbal communications for such purposes, from any and all claims arising from such activities, including but not limited to, any claims whatsoever for defamation, violation, of California Labor Code section 1050 (governing unsolicited or false references), fraud, misrepresentation, negligent interference with prospective business relations or contract, breach of contract (including any settlement agreement), negligent infliction of emotional distress, employment discrimination, violation of public policy, and any other potential claims, unknown to me presently, that I may have, now or in the future. I voluntarily grant this release for purposes of supporting my application for employment and based upon my desire to encourage the San Francisco Recreation and Park Department's consideration of my application.

I have carefully read this Request, Authorization, Consent, and release and have voluntarily agreed to its terms to assist San Francisco Recreation and Park Department in evaluating my qualifications for employment/volunteer services and in meeting the business necessity of hiring honest, trustworthy, reliable employees/volunteers who are nonviolent and do not pose a risk of serious harm in the workplace. I additionally agree to fully cooperate with San Francisco Recreation and Park Department in permitting the release of the above information and reports. I additionally understand that all information and documents generated, received, or maintained by San Francisco Recreation and Park Department during, or as a result of, its investigation, will be maintained as confidential information and that San Francisco Recreation and Park Department will not release such information or documents to me.

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Signature required for minors 17 and under.**

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## RESPECT IN THE WORKPLACE POLICY

It is the policy of the Recreation and Park Department that all employees treat co-workers and members of the public with courtesy and respect at all times. A respectful workplace enhances our ability to maintain beautiful parks and provide enriching recreational activities, and makes our Department a more pleasant and rewarding place to work.

Disrespectful behaviors are defined here as unwelcome, offensive conduct, expressed either verbally, in writing, or through physical behavior. It is important to keep in mind that it is not what is intended that is important so much as how a reasonable person would perceive such conduct. When an employee is disrespected their motivation is adversely impacted and work performance suffers. Examples of disrespectful behaviors may include but are not limited to:

- Derogatory comments, malicious gossip or any language that is used to degrade, intimidate or coerce another individual or group of individuals
- Insults, slurs, jokes or any language that infers a negative characteristic
- Profanity
- Offensive posters, drawings, insignias or signs
- Blocking normal movement, offensive gestures, unwelcome touching or shoving
- Threats or assault

Everyone has responsibility to stop disrespectful behavior at the workplace.

- If another's actions or words offend you, let them know their behavior is unwelcome and ask them to stop.
- If you have any reason to believe your actions offend someone, stop the behavior.
- If you observe disrespectful behavior, you should tell the person behaving disrespectfully their behavior is inappropriate or report the behavior to your supervisor.

If the unwelcome behavior continues, report this to your supervisor or the Human Resources Division. Supervisors and managers should model respectful behavior and have a responsibility to keep the workplace free of inappropriate conduct. Supervisors and managers must take such complaints seriously, find out what happened, and take appropriate action. Timely intervention is key to providing a respectful workplace. Retaliation against anyone who has raised a concern about disrespectful behavior is also prohibited.

Any employee who believes he or she has been treated disrespectfully in violation of this policy may file a complaint of disrespectful behavior by contacting the employee's supervisor or manager, or the Department's Human Resources Division. If a complaint of disrespectful behavior is made to a supervisor or manager, the supervisor/manager must report the complaint to the Department's Human Resources Division.

Any employee found to have engaged in disrespectful behavior or retaliation may be subject to disciplinary action up to and including dismissal. This policy shall not alter or affect the right of any person to file a discrimination charge with the Recreation and Park Department's Human Resources Division, the Department of Human Resources' Equal Employment Opportunity Unit, the California Department of Fair Employment and Housing, the United States Equal Employment Opportunity Commission, or to consult with a union representative or private attorney.

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**McLaren Lodge, Golden Gate Park  
501 Stanyan Street  
San Francisco, CA 94117**

**Tel: (415) 831-6884  
Fax (415) 753-5015  
Web: [sfrecpark.org](http://sfrecpark.org)**

# ***VOLUNTEER CONTRACT***

**Name ( First and Last):** \_\_\_\_\_

**Volunteer Position** (If you know the name of your volunteer role, write it on line provided):  
\_\_\_\_\_

**Location (Name of Rec Center, Program or Park)** \_\_\_\_\_

**Facility Coordinator's Name & Contact:**  
\_\_\_\_\_

**Your assigned Supervisor & Contact:** \_\_\_\_\_

*As a San Francisco Recreation and Park Department Volunteer I agree to (Check if you understand and agree to terms):*

## ***1. Volunteer Service***

- ┆ Arrive on-time to my volunteer work place.
- ┆ Keep track of my hours and sign-in on the log sheet each day I volunteer and give to my assigned supervisor on a regular basis.
- ┆ Be courteous to staff, members of the public, and other volunteers
- ┆ Comply with the City's Respect in the Workplace Policy

## ***2. Safety***

- ┆ Immediately report all accidents or personal safety incidents to assigned staff Supervisor or the director of Volunteer Services.

## ***3. End of Service***

- ┆ Notify my supervisor and the Volunteer Office when I no longer volunteer at the location I listed above.

*Volunteer clearance will last for 5 years from your clearance date and will be removed from our database. If you wish to continue volunteering, please contact the Volunteer Division at (415) 831-6884 and we can extend it.*



**HOLD HARMLESS AGREEMENT**

In consideration for being granted permission to work as a volunteer, I, the undersigned, shall protect, hold free and harmless, defend and indemnify the City and County of San Francisco including its agents from any and all claims of any kind and from all liability, penalties, costs, losses, damages, expenses, claims, or judgments (including attorney’s fees) resulting from injury, death, or damage to visitor, third parties, myself or other volunteers, or property of any kind, which injury, death or damage arises out of or is in any way connected to the volunteer work assignment.

Name (Print): \_\_\_\_\_

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

**RELEASE BY PARENT/ LEGAL GUARDIAN \*required for youth under 18 years of age**

I, \_\_\_\_\_, certify that I am the parent/legal guardian of the individual  
Parent/Guardian name (**PRINT**)

named above. I have read this Volunteer Contract in its entirety and approve of its terms and as such, expressly give my child permission to participate as a volunteer in the San Francisco Recreation and Parks Department.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

**A1702**

ORI (Code assigned by DOJ)

**VOLUNTEER**

Authorized Applicant Type

**SAN FRANCISCO RECREATION AND PARK DEPARTMENT VOLUNTEER**

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

**San Francisco Recreation and Park Department**

Agency Authorized to Receive Criminal Record Information

**06189**

Mail Code (five-digit code assigned by DOJ)

**501 Stanyan Street**

Street Address or P.O. Box

**Marianne Kjobmand**

Contact Name (mandatory for all school submissions)

**San Francisco**

City

**CA**

State

**94117**

ZIP Code

**1-415-831-6327**

Contact Telephone Number

#### VOLUNTEER APPLICANT INFORMATION:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias)

Last Name

First Name

Suffix

Date of Birth

/ /

Sex:

Male

Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number: **143332**

(Agency Billing Number)

Place of Birth (City **and** State /Country)

Social Security Number

Misc. Number:

(Other Identification Number)

Home

Address

Street Address or P.O. Box

City

State

ZIP Code

Your Number: \_\_\_\_\_

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSD

ATI Number

Amount Collected/Billed

ORIGINAL - Live Scan Operator

SECOND COPY - Applicant

THIRD COPY (if needed) - Requesting Agency