



El Dorado Hills
Community Services District

Internal Use ONLY
Park Supervisor Assigned
Date

APPLICATION TO PERFORM COMMUNITY SERVICE WORK

Parks Department, Office hours are Monday Through Friday from 7:00 a.m. to 3:00 p.m.

For Questions, please call (916) 614-3231

Instructions:

1. All fields on this application are required. Please make sure and print clearly when completing this application. A parent or legal guardian must sign for minors.
2. Turn in the completed application with signature(s).
3. The District reviews the application and assigns the Minor with a Parks Supervisor.
4. The Supervisor will contact the Minor to schedule the working hours.
5. The Minor will report to the Parks Department at 1030 St. Andrews Drive, El Dorado Hills, CA 95762.

Applicant Name: _____ Are you 18 years of age or older? Y N
 Address: _____ Phone: (____) _____

Parent/Guardian (if under 18 years old): _____
 Address: _____ Phone: (____) _____ home
 _____ Phone: (____) _____ work

Referred by: _____ Phone: (____) _____
 (court/probation officer) Fax: (____) _____

Number of Hours Assigned: _____ Completion Date: _____

Please mark the days and hours you are available to work.

Monday:	Y or N	From	_____ a.m./p.m.	to	_____ a.m./p.m.
Tuesday:	Y or N	From	_____ a.m./p.m.	to	_____ a.m./p.m.
Wednesday:	Y or N	From	_____ a.m./p.m.	to	_____ a.m./p.m.
Thursday:	Y or N	From	_____ a.m./p.m.	to	_____ a.m./p.m.
Friday:	Y or N	From	_____ a.m./p.m.	to	_____ a.m./p.m.
Saturday:	Y or N	From	_____ a.m./p.m.	to	_____ a.m./p.m.

I have received and read the attached requirements and understand that failure to follow these guide lines will result in termination from the program.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**El Dorado Hills Community Services District
Worker Emergency Information**

Name: _____ Phone: _____
Last First MI

Address: _____
Street City State Zip

D.O.B. _____ CA DL _____ SSN _____

Insurance Co. Policy No. _____ Medical No. _____

Family Doctor _____ Phone _____

Preferred Hospital _____

Family Dentist _____ Phone _____

Contact Person in Case of Emergency _____

Name <small>(Additional on back)</small>	Phone	Relationship
1.		
2.		

Medical History and Information (Check any that apply)

High blood pressure _____ Asthma _____ Diabetes _____ Epilepsy _____

Seizures _____ (Explain) _____

Allergies _____ Type _____

Last Tetanus _____ Last TB _____ Positive or Negative _____

Medication taken regularly (Explain) _____

In case of emergency the CSD staff will contact the Fire Department. The Fire Dept. personnel will make the decision as to what medical aid is required. Workers preference as to emergency procedures: _____

Worker Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Requirements of Community Service Workers

1. Please be aware of the fact that the general public will not know you are a volunteer. You will be looked upon as an employee and must conduct yourself with professionalism, manners and conduct appropriate to the environment.
2. You will usually be assigned to one or two supervisors. Time cards must be completed and signed on a daily basis and turned in bi-weekly. Please determine with your supervisor, your beginning and ending date, along with your schedule for the following week's assignments. Weekly assignments are done every Friday or earlier during the week, if you are not assigned to work on a Friday.
3. All workers must call in within 30 minutes of start time if ill or unable to make it to work. Please do not disregard these expectations. If your supervisor is unavailable by phone, leave a message.
4. An emergency form must be completed prior to beginning work. This form will allow us to seek medical assistance in the event you need it.
5. Phone calls, friends and family members are not to accompany you during your assigned shifts.
6. Appropriate work clothing for the assigned tasks is expected. Closed toe shoes must be worn, preferably athletic shoes or work boots.
7. Half shirts, bathing suits and halter tops are not permissible. Clothing with holes are also not allowed.
8. When working more than 4 hour shifts, a half hour break will be scheduled. Please be sure to bring a brown bag lunch if desired. Ice and a refrigerator are available.
9. Workers must follow all work and safety instructions given to them by their supervisor.

Disregarding these requirements will jeopardize future work assignments with the District.

I have read and understand these requirements, and have received a copy of this document.

Name

Date

Supervisor

Date



EL DORADO HILLS
COMMUNITY SERVICES DISTRICT

Volunteer Service Agreement

Name: _____ Day Phone: _____

Address: _____ Evening Phone: _____

City, State, Zip: _____ Email: _____

Project Location: _____ Project Date: _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Phone: Day _____ Cell _____ Evening _____

Except for entitlement to Workers Compensation benefits under the District's applicable policy for injuries sustained while performing volunteer work on behalf of the District, the undersigned on behalf of themselves and their estate, hereby waives any right of recovery and releases the El Dorado Hills Community Services District, their officers, officials, employees and agents, from liability related to the Undersigned, arising from any and all injury to persons and damage to property, and further agrees and undertakes to indemnify, hold harmless and defend the District from and against any and all claims, damages, actions, liability and expenses including attorney's fees and other professional fees in connection with bodily injury including death, personal injury and/or damage to property arising from or out of the Undersigned's activities and participation in volunteer services at the above District Event.

The Undersigned further acknowledges and agrees that the District does not assume any responsibility whatsoever for any property of the Undersigned and the Undersigned shall not hold the District liable for any loss or damage to same. The undersigned give their permission to be photographed and have their image used in El Dorado Hills Community Services District publications.

Volunteer Signature: _____ Date: _____

For Youth Under 18 Years of Age

Signature of Guardian: _____ Date: _____