



— Volunteer Ventura! —
Golf Application

Golf Volunteer Information

Name: _____ Gender: Female Male

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____ Date of Birth: __/__/__ Age _____

Emergency Contact _____ Phone: _____

Emergency Contact _____ Phone: _____

Employed Full time Employed Part-time Unemployed/Laid off

Homemaker Retired Coach

High School Student College Student

School: _____ Grade/Year: _____

Availability, Interests & Skills

How did you hear about our volunteer program? _____

When are you available to volunteer? Check all that apply and fill in hours below.

Mon Tue Wed Thurs Fri Sat Sun

I am interested in volunteering:

Weekly Semi-weekly Monthly Seasonal As Needed

One-time Other _____

Reason for volunteering (check all that apply):

Contribute to the community Enhance college application/Enhance resume

Meet new people Renew job skills/Learn new skills

Community service for school or club (___ hours per _____)

Court mandated (# of hours ____ Due: __/__/__) Offense: _____

Probation/Court contact: _____ Phone: _____

What golf volunteer opportunities are you interested in? (Please check all that apply.)

New Player Development (beginning golfers) (requires live scan)

Player Assistant (minimum age: 21)

Maintenance Assistant

Tournament Assistant

Check-in and Curbside Assistant

Other _____, _____

Are you a member of one of Buena Ventura's Golf Clubs? No Yes, I belong to: _____

Are you a member of an Olivas Links' Golf Club? No Yes, I belong to: _____

Are you a member of a high school or college golf team? No Yes

Are you bilingual? No Yes – if yes, besides English, what other languages do you:

Speak _____ Read _____ Write _____

Speak _____ Read _____ Write _____

Golf Skills: _____

What is your golf handicap? _____

Specialized skills, training, or education: _____

Tell Us More About Yourself

What do you want to get out of volunteering? _____

What are your areas of interest/focus? _____

Personal References

Please list two non-family members who can provide references on your ability to perform volunteer tasks and duties:

(1) Name: _____ Phone No. _____

(2) Name: _____ Phone No. _____

VOLUNTEER LIABILITY WAIVER

By signing this volunteer waiver, I agree to the following:

1. I release, waive, discharge, and covenant on behalf of myself and my minor children not to sue the City of San Buenaventura ("City"), their elected and appointed officials, agents, volunteers, and employees ("Releasees") from all liability to me, or my minor children, for any loss or damage, and any claim or demands on account of personal or property injury or because of my, or my minor children's death, whether caused by Releasees' negligence or otherwise, while I, and my minor children, participate in the City of Ventura Volunteer Program.
2. I further agree to defend, indemnify, and hold harmless the City and its officers, employees and agents, from and against any and all claims, suits, actions, liability judgment and expenses that may arise by reason of services I, or my minor children, provide as a volunteer or that are connected in any way therewith. I will pay all costs incident to any claim, including, without limitation, attorneys' fees.
3. I expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
4. I grant permission for the City to use my, or my minor children's image, filmed or photographed during volunteer activities, to promote its services and programs.
5. In case of serious injury, I give my permission for City personnel to seek any medical treatment should it become necessary.
6. I have read and voluntarily sign this release, waiver of liability, and indemnity agreement, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Signature of Volunteer Applicant	Date	Signature of Parent/Guardian if Under 18	Date
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*Please sign application **after** printing. Actual signature required for application to be valid.*

Received _____ Entered _____ by _____



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