



- This form should be completed and returned to the Personnel Office located at the District's Administrative Complex, 3825 Riverlakes Drive, Bakersfield, CA 93312, 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.
- *Per CA H&S Code 124235 (CA AB 2007), effective January 1st, Youth Sports Positions must complete Concussion Training and provide documentation prior to start date. If you've already completed the program, attach documentation to this form. Otherwise, contact the Recreation Supervisor for information and organizations that provide such training.*

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:

Afterschool Sports Program (check one) Flag Football Volleyball Basketball Track
 Primary (check one) Football Basketball Tackle Football Rugby Summerball Other: _____

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: