



PARKS AND RECREATION DEPARTMENT  
**VOLUNTEERS MAKE A DIFFERENCE**

Thank you for your interest in becoming a volunteer for the Concord Senior Center. Volunteering is a rewarding experience that gives you a chance to meet new people, make new friends, explore new interests, and make a significant contribution to your community!

Please fill out the information listed below and return this at your earliest convenience. Be sure all the information is complete as this will assist us in matching your talents and interest with a volunteer assignment. The information you provide will only be used in relation to your volunteer assignments and will not be made available to the general public.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Language(s): \_\_\_\_\_ Read  Write  Spoken

**Availability:** Please indicate the days and times you are usually available to volunteer.

	Sun	Times	Mon	Times	Tues	Times	Wed	Times	Thurs	Times	Fri	Times	Sat	Times
Mornings	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Afternoons	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Evenings	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

My availability is:

- Flexible
- Occasional
- Weekly
- Monthly
- Summer (June – August)
- Autumn (September – November)
- Spring (March – May)
- Winter (December – February)

List any volunteer and/or professional experience: \_\_\_\_\_

**About You: Please tell us about your interests and skills.**

- Computer Skills:
- Microsoft Office
  - Data entry
  - Graphic design
  - Web design
  - Information technology
  - \_\_\_\_\_

- Repairs:
- Sewing
  - Computer Repair
  - Cellphone/Phone Repair
  - Appliance Repair
  - Car Repair
  - Home Repair
  - \_\_\_\_\_

- Skills and Interests:
- Arts and crafts
  - Education
  - Accounting/Finance
  - Nutrition/Health
  - Photography
  - Environment
  - Dancing
  - Front Office Support
  - Sports
  - Gardening
  - Writing
  - Other (list below)

Other skills: \_\_\_\_\_

Instructional/Educational Classes:

- Computer/Smart Phone/Tablet Education
- Speaker Series (List Topics Below)
- Cooking
- Other Topics (describe below)
- Exercise Classes
- How To's

Senior Center Help:

- Front Office Support
- Café Costa Nutritional Program
- Special Events
- Trips & Tours

I am interested in educating others on the following topic(s): \_\_\_\_\_

Please list any certifications or degrees: \_\_\_\_\_

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Agreement: By submitting this application, I certify that all statements I have made on my application are true and correct and I hereby authorize the City of Concord to investigate the accuracy to this information. I am aware that fingerprinting is required before placement. I understand that I am working at all times on a voluntary basis, without monetary compensation or benefits, and not as a paid employee. As a City of Concord volunteer, I give the City of Concord permission to use any photographs or videos of me during my service without obligation or compensation to me. I understand that the City of Concord reserves the right to terminate a volunteer's services at any time.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For More Information:**

Concord Parks & Recreation Department – Senior Center  
2727 Parkside Circle, Concord, CA 94519  
(925) 671-3320 Fax (925) 671-3392

**CITY OF CONCORD COVID-19/CORONAVIRUS LIABILITY WAIVER AND RELEASE,  
AND INDEMNITY AGREEMENT**

On behalf of myself and/or my son, daughter, or person for whom I serve as legal guardian (the "Participant"), I acknowledge with my signature that the Participant wishes to participate in a City of Concord Parks & Recreation Department activity or program ("activities or programs").

I understand that by participating in City of Concord activities and programs there is an inherent risk of potential exposure to infectious diseases, including but not limited to COVID-19/Coronavirus. The risk of potential exposure cannot be eliminated. On behalf of myself, the Participant, my heirs and dependents, personal representatives, assigns and insurers, I now voluntarily and knowingly release and hold harmless the City of Concord, its officers, employees, volunteers, agents, successors in interest, insurers, contractors, suppliers, vendors, assigns, and any persons or entities with which/whom the City is affiliated (hereinafter collectively referred to as the "City"), from any and all liability, lawsuits, or claims for injuries, death, or property damage resulting from, arising out of, or in any way connected with Participant's participation in the activities and programs (collectively "Claims"), including but not limited to Claims arising out of or in any way related to any emergency medical care administered, any illness or infection or disease, and COVID-19 or Coronavirus related health issue or exposure. This waiver and release shall apply even in the event that such personal injury, death, or property damage is caused or contributed to in whole or part through the passive or active negligence of the City (with the exception of sole, active negligence).

I agree to defend, hold harmless, and indemnify the City from and against any and all Claims (including attorney's fees) arising out of, or in any way related to Participant's participation in the activities and programs, any actual or alleged negligence of myself or Participant, any emergency medical care administered, any illness or infection or disease, and/or COVID-19 or Coronavirus related health issue or exposure.

I/WE HAVE READ THIS WAIVER AND RELEASE IN ITS ENTIRETY. I/WE FULLY UNDERSTAND IT, AND RECOGNIZE THAT THIS WAIVER AND RELEASE IS A LEGALLY BINDING DOCUMENT. I/WE UNDERSTAND THAT BY EXECUTING THIS WAIVER AND RELEASE, WE ARE VOLUNTARY ASSUMING THE RISKS DESCRIBED HEREIN, AND WAIVING OUR LEGAL RIGHTS ASSOCIATED THEREWITH.

Completed by (please check one):     Self             Parent             Guardian

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

Participant's Name (print): \_\_\_\_\_

**WAIVER AND RELEASE FROM LIABILITY / ASSUMPTION OF RISK**

*Volunteer Program*

I voluntarily and knowingly release and hold harmless the City of Concord, its officers, employees, volunteers, agents, and any persons or entities with which/whom the City is now or in the future affiliated (collectively "the City"), from any and all liability, lawsuits, or claims for injuries, death, or property damage resulting from, arising out of, or in any way connected with my involvement in the volunteer program. This waiver and release shall apply even in the event that such personal injury, death, or property damage is caused or contributed to in whole or part through the passive or active negligence of the City (with the exception of sole, active negligence). I further acknowledge that this Waiver and Release from Liability/Assumption of Risk is binding on my heirs and dependents, as well as myself.

I also certify that I am not aware of any physical/health conditions that would create a likelihood of harm/injury should I participate in this Activity or any similar recreational pursuit.

**I HAVE READ THIS WAIVER AND RELEASE FROM LIABILITY/ ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT, AND RECOGNIZE THAT IT IS A LEGALLY BINDING DOCUMENT. I SIGN THIS WAIVER AND RELEASE FREELY, VOLUNTARILY, AND WITHOUT INDUCEMENT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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**For Office Use Only**

Live Scan Appointment: \_\_\_\_\_  Cleared  Not Cleared Date: \_\_\_\_\_

National Website Check \_\_\_\_\_  Cleared  Not Cleared Date: \_\_\_\_\_

Volunteer Orientation Appointment: \_\_\_\_\_