

3 WINS *fitness*

Volunteer Application Packet
(Print Single-Sided Pages)

Step 1

Liability Forms

1) Print and Sign Pages 2 and 3.

2) Submit To Your Program Director
Once Completed.



RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

I, the undersigned participant, am requesting participation in the CSU, Northridge,

Name of department and college: Kinesiology Department, College of Health and Human Development

Activity: 3 WINS Fitness Exercise Program

that begins on: September, 2018 and ends on: December 8, 2018

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California; the Trustees of The California State University; California State University, Northridge and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant's Signature

Date

Print Participant's Name

Phone Number

STEVEN LOY [Signature]

8117117

Event Leader's Name

Date



Release of Liability Agreement

This agreement releases 3 WINS Fitness from all liability relating to injuries that may occur during any program activities at any of the 3 WINS Fitness locations. By signing this agreement, I agree to hold 3 WINS Fitness entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence. I also acknowledge the risks involved while participating in any of the 3 WINS Fitness activities. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this program and its activities.

By signing below I fully understand and agree to the above terms and forfeit all right to bring a suit against 3 WINS Fitness for any reason. In return, I will be allowed to participate in any activities organized by 3 WINS Fitness. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

Printed Name

Telephone or email address

Signature

Date

Visual/Audio Image Release Form

I grant permission to 3 WINS Fitness and its agents to take and use visual/audio images of me. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. 3 WINS Fitness will not materially alter the original images. I agree that 3 WINS Fitness owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as websites, publications, promotions, broadcasts, advertisements, posters and presentations, as well as for non-activity related use. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I release 3 WINS Fitness and its agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images. I am at least 18 year of age and competent to sign this release. I have read this release before signing, I understand its contents, and I freely accept the terms.

Signature

Date

Step 2

LiveScan/Background Check

1) Print Pages 4-7 and complete the appropriate sections.

2) Once completed with pages 4-7 call (626) 588-5208 and schedule an appointment for a LiveScan. Your LiveScan must be completed by September 14, 2018. If you cannot meet this deadline, inform your Program Director (Jeffrey Truong).

FACILITY: _____

VOLUNTEER APPLICATION FORM



LOS ANGELES COUNTY VOLUNTEER PROGRAM



County of Los Angeles Department of Parks and Recreation
Office of Volunteer Programs
1000 South Fremont Avenue, Unit #40 – Alhambra, CA 91803
Office: (626) 588-5208 Email: volunteers@parks.lacounty.gov

Thank you for taking the time to complete this application. We look forward to working with you and appreciate your generous offer to share your time and talents with our community. Please type or print clearly. Applicants must be at least 14 years of age. Applicants under the age of 18 must have parental/legal guardian consent.

ABOUT YOU:

Name: _____ Age: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: _____
Home Work Cell

E-mail Address _____ Date of Birth: ____/____/____
mm / dd / yyyy

Volunteer Information/Special Interests/Training

Have you been a volunteer with us before? Yes No

If yes, where? _____ When? _____

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Please tell us which programs or activities you would like to volunteer with: _____

Schedule Preference/Availability:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times Available: _____

Emergency Contact

Please provide the name, contact information and relationship to you of at least one person which we may contact in case of an emergency.

Name	Phone	Email	Relationship to Volunteer Applicant
_____	_____	_____	_____
_____	_____	_____	_____

PHOTOGRAPHY/FILM CONSENT, RELEASE AND WAIVER OF LIABILITY

By signing and submitting this application, I hereby give my consent to the County of Los Angeles to photograph, film and record video, of me, for informational, educational, promotional or publicity purposes concerning the County and its services.

I understand that all photographs in all formats may be used by the County in any of the County's websites, publications or displays, public newspapers, magazines, reports or other public documents. I further understand that the County may use any photographs without any further consent or authorization from myself or my representatives. The County may modify photographs in the editing process and I am not entitled to any compensation for the use of any photographs by the County.

I also agree to release the County of Los Angeles, its officers, employees or agents from any and all liability arising from or connected to the use of photographs as listed above.

_____ **Please initial to acknowledge that you have read and understand the above Photography Consent, Release and Waiver of Liability Statement above and voluntarily accept and agree to its terms.**

By signing and submitting this application, I affirm that the facts set forth are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made on this application may result in either the suspension of service or my immediate dismissal. **I further agree to participate in a comprehensive background check conducted by the Department of Parks and Recreation.**

Volunteer Applicant Name (Print) _____

Volunteer Applicant Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____
(if volunteer is under 18 years of age)

Parent/Guardian's Phone _____ Email _____

It is the intent of the County of Los Angeles Department of Parks and Recreation to provide equal opportunity to all volunteers in all terms, privileges and conditions without regard to sex, race, religion, national origin, disability or any other factor.

The Live-Scan process is done in accordance with the laws and procedures set forth by the California Department of Justice and the Federal Bureau of Investigations. All Live-Scanning must be done at a Department of Parks and Recreation Facility or a location designated by the Department. Some applicants may have recently gone through the Live-Scan process for other reasons and/or for other entities. Unfortunately, in compliance with Department of Justice regulations, these procedures completed outside of Department of Parks & Recreation, and for the position of VOLUNTEER, DO NOT satisfy the requirements needed. Live -Scans must be submitted with the information provided by the Department of Parks and Recreation, in order to be valid. For further information, or questions, on the Live-Scan process, you may contact the Volunteer Programs Coordinator at 626-588-5208.

All volunteers must comply with "employment" procedures of both the County of Los Angeles Department of Human Resources and the Department of Parks & Recreation. A criminal record does not automatically disqualify a volunteer from a work assignment. The nature of the offense and type of work in which the volunteer will be engaged will be taken into consideration before a decision is made. The Volunteer Programs Coordinator of the Department of Parks & Recreation will review all criminal records to establish the eligibility of the applicant. However, AB 1663 prohibits the hiring of a volunteer for sensitive positions.

Questions about our volunteer program?
Contact your local County of Los Angeles Department of Parks & Recreation facility, or
The Volunteer Programs Coordinator at 626-588-5208 or email: volunteers@parks.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF PARKS AND RECREATION

INTERNAL VOLUNTEER LIVE-SCAN FORM
NOT TO BE USED OUTSIDE OF THE DEPARTMENT

ORI#: **A0693**

Authorized Applicant Type: **Parks and Rec Vol/VCA**

Work/Park Location _____

(Type of License/Cert/Permit or Work Title: VOL/AGENCY/PARK/TYPE/INITIALS OF ROLLER)

Live-scan Requested and authorized by: (Name) _____ Emp #) _____

Contributing Agency Information:

Los Angeles County Dept. of Parks and Recreation
1000 S. Fremont Ave. Unit #40
Alhambra, CA 91803 Manuel Moreno – (626) 588-5208

Mailbox Code: **19379**
Billing Code: **140147**

Applicant Information:			
Last Name		First Name	
		Middle Initial	
Street Address		Home Telephone Number	
Apt. No.		() -	
City	State	Zip Code	Alternate Telephone Number
			() -
E-mail Address			
Driver's License/State ID Number:		Social Security #:	
Birthdate: ____ / ____ / ____ Male: ____ Female: ____			
Height: ____ Weight: ____ Eye Color: ____ Hair Color: ____			
Place of birth: City: _____ State: _____			
CONVICTIONS			
Have you ever been convicted of any crime by any court, including a military court, except as provided in the box below (page 2)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If you responded NO , please sign and date the Certification of Applicant, below.			
If you responded YES , please disclose information of convictions on page 2, then sign and date the Certification of Applicant, below.			
CERTIFICATION OF APPLICANT (please read carefully): I hereby certify that all statements made in this Candidate Conviction History Questionnaire are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement, regardless of when discovered, may result in my disqualification or dismissal from the Volunteer Program with the County of Los Angeles.			
Date: _____		Signature of Applicant: _____	
Parental Consent: Print: _____ Sign: _____ Date: _____			

The following convictions need not be disclosed:

Judicially Dismissed & Diversion

- A. Any conviction that was judicially dismissed under Penal Code Section 1203.4
- B. Any record regarding a referral to, or participation in, any pre-trial or post-trial diversion program
- C. Any conviction where you have successfully completed a "deferred entry of judgment" program; if you are currently participating in a "deferred entry of judgment" program, you must disclose that conviction
- D. A conviction where the Court has ordered the record sealed or dismissed

Traffic Offenses

A conviction for a traffic offense that was less than \$390.

OFFENSE OR CASE NAME <i>(Provide Penal Code or other code section if known)</i>	CONVICTION DATE <i>(on or about)</i>	WHERE VIOLATION OCCURRED <i>(City, County, State)</i>	SENTENCE & STATUS

- - Please attach additional pages if necessary

COUNTY USE ONLY REQUIRED FINGER PRINT ROLLER INFORMATION

Print Name: _____ Signature: _____

Date: _____ LSID#: _____ ATI#: _____

If re-submission, original ATI#: _____

ALL TRANSACTIONS must be sent to both DOJ AND FBI