



**City of Yorba Linda**  
 Parks and Recreation Department  
**Senior Services Volunteer Application**

Adults are needed to assist staff at the Yorba Linda Community Center with various programs and events for the city’s senior citizen community. Please complete the information below to tell us a little more about yourself.

Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zipcode \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Are you volunteering for:  school  fun  other \_\_\_\_\_

*Please note, the City of Yorba Linda is unable to accept court-appointed community service requests.*

Please indicate the number of hours you are interested in volunteering?

(Minimum of **20 hours** per year is strongly encouraged) \_\_\_\_\_hrs  weekly  monthly  yearly

Are you required to meet a deadline for completing these hours?  Yes (MM/YYYY) \_\_\_\_\_  No

**VOLUNTEER DUTIES**

- Distribute supplies.
- Review/monitor programs rules, policies and procedures.
- Provide customer service.
- Assist with special events and programs.

**GUIDELINES**

- Attend volunteer orientation and applicable trainings/meetings.
- Inform staff of absence(s).
- Follow the City’s Behavioral Policy

Please *describe* any experience you have working in a senior citizens setting. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Please indicate *why* you would like to volunteer in Senior Services. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

## Program Information

Volunteers are typically scheduled to work the same shift(s) on a weekly basis. Please indicate any activities for which you are interested in volunteering. Shifts will be scheduled based on program needs.

### Senior Lunch Program (Monday-Friday, 10:30am-12:30pm)

*Duties include assistance with basic food preparation, serving food, doing dishes, and clean-up. Close-toed shoes, long pants, and hat or hairnet required.*

- Mondays
- Tuesdays
- Wednesdays
- Thursdays
- Fridays

### Lunch Program Activities (Days/times vary, see below for schedule)

- Senior Movies (2<sup>nd</sup> & 4<sup>th</sup> Mondays, 12:00-2:30pm)

*Duties include assistance with refreshments, clean-up, and reporting any issues with movie to front desk staff.*

- Senior Wii Bowling (1<sup>st</sup> Thursday & 3<sup>rd</sup> Tuesday, 12:00-2:00pm)

*Duties include assistance with refreshments, clean-up, and game play.*

- Senior Karaoke (2<sup>nd</sup> Thursday, 12:00-3:00pm)

*Duties include assistance with refreshments, clean-up, and facilitation of karaoke.*

### Miscellaneous Senior Programs

- Senior Striders Walking Group (Wednesdays, 8:00-9:30am)

*Duties include accompanying group of senior walkers on trails walks near the Yorba Linda Community Center and offsite locations.*

- Senior Grocery Program (1<sup>st</sup> and 3<sup>rd</sup> Thursdays, 8:00-10:00am)

*Duties include the unloading, sorting, and distribution of grocery items from Second Harvest Food Bank to senior attendees. This activity does include some heavy lifting. Close-toed shoes required.*

- Senior Dances (Bi-Monthly, Sundays, 12:00-5:00pm)

*Duties include assistance with set-up/décor, check-in, refreshments, and clean-up. 2017 dance dates are Sundays, June 18, August 20, October 8, and December 17.*

- Annual Senior Special Events (Dates and hours vary)

*Events include annual Senior Health and Resource Faire, Tea and Fashion Show, and Art Show and Reception. Typical duties include assistance with set-up/décor, check-in, refreshments, and general customer service.*

- I have a special skill that I would like to share with Senior Citizens (please explain below)

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LIABILITY WAIVER  
RELEASE OF LIABILITY AND INDEMNIFICATION FOR ALL PARTICIPANTS

**ALL PERSONS ARE PROHIBITED FROM PARTICIPATING IN A CITY OF YORBA LINDA ("CITY") PARKS AND RECREATION PROGRAM ("PROGRAM") PRIOR TO EXECUTING AND SUBMITTING THIS WAIVER ("WAIVER") TO THE CITY. THIS WAIVER APPLIES TO ALL PROGRAMS AND SHALL REMAIN IN EFFECT FOR ONE (1) YEAR FROM THE DATE IT IS EXECUTED.**

**NAME OF PARTICIPANT:** \_\_\_\_\_

1. **RELEASE OF LIABILITY AND INDEMNIFICATION** - In consideration for the City's acceptance of this registration in City Program(s), I agree to release, indemnify, defend, and hold harmless City and its officers, agents, employees, or volunteers ("City Personnel") from and against any and all losses, damages, expenses, liabilities, actions, or claims of any nature, whether known or unknown, either in law or equity, which may arise from participation in a Program, for any reason including but not limited to the active or passive negligence of the City, City Personnel, or any other individual or entity. I further understand and agree to assume the risks, if any, arising from my participation in the Program and the conditions and use of equipment and facilities owned by the City.
2. **PHOTO/VIDEO RELEASE** - The City may take, use, and publish, videos, and/or audio recordings photos of participants for publicity purposes. I hereby grant the City permission to use my, or my child's, likeness, name, voice and words, in any broadcast, telecast, or print media account free of charge.
3. **MINOR MEDICAL RELEASE** - In the event my child is injured or ill, I hereby authorize City Personnel to consent to medical treatment for my child. I understand and acknowledge that I will be responsible for payment of all medical services rendered, including reimbursement to the City for any medical expenses incurred in the care of my child.

I understand that City programs DO NOT qualify as childcare for tax purposes.

(IF THE PARTICIPANT IS A MINOR) I, \_\_\_\_\_, hereby warrant that I am the custodial parent/legal guardian of \_\_\_\_\_, who is a minor. I CERTIFY THAT I HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS WAVIER AND RELEASE ON BEHALF OF MY HEIRS, SUCCESSORS, AND ASSIGNS AS IT APPLIES TO MYSELF AND TO ANY MINORS FOR WHOM I AM SIGNING.

I, \_\_\_\_\_, CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAVIER AND RELEASE AND SIGN IT VOLUNTARILY.

**X** \_\_\_\_\_  
Adult Participant/Parent/Guardian Signature for Minor Participant Signature

**Date:** \_\_\_\_\_