

Care Programs Volunteer Application 2026

Name:	Address:
Phone:	City:
Email:	Zip:
Age:	Date of Birth:
Emergency Contact Name:	
Emergency Contact Phone:	
Emergency Contact Relationship:	
Please list any experience you have with individuals with special needs:	
Why do you want to volunteer with Ivey Ranch Park's Care Programs?	
Are you a current college or university student?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
If volunteering to fulfill a course requirement, how many hours do you need to complete?	
Do you have any other skills which may be of benefit to the volunteer program? (i.e., languages other than English, fluent in American Sign Language, related higher education etc.)	
Do you have current CPR/First Aid certification?	
Can you provide proof of the following: Tuberculosis (TB) test clearance (must be within the last year)? <u>YES or NO</u> Tetanus-Diphtheria-Pertussis vaccine (TDAP)? <u>YES or NO</u> Measles, Mumps, and Rubella vaccine (MMR)? <u>YES or NO</u>	
Volunteers working more than 4 hours per week are required to pass a criminal background check. Are you willing to submit to a Live Scan fingerprint check?	
Have you ever been convicted of or plead guilty/no contest to a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:	

Ivey Ranch Park School-Age Program and Adult Day Programs are California state Licensed facilities.

Ivey Ranch Park Association

WAIVER OF LIABILITY FOR STAFF OR VOLUNTEERS

I hereby waive any right or cause of action arising as a result of my own, or my child's, participation in the Ivey Ranch Park Association Programs from which any liability may or could accrue against Ivey Ranch Park Association, or the officers, staff, volunteers, and associates, collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me, or damage to my property, sustained in connection with my activities for the Ivey Ranch Park Association.

In consideration of the acceptance of my own, or my child's, participation in the program listed above, I hereby, for myself, my heirs, executors, administrators, and assignees, release, waive, and/or forever discharge any and all rights and claims for damages that may be suffered by me, or my child, as a result of, preparation for, or participation in, the programs. I recognize the risks associated with my/his/her/their participation in the program and specifically agree to indemnify and hold harmless Ivey Ranch Park Association; including any members, any employee, all program participating individuals associated with Ivey Ranch Park Association, any promoter, sponsor, or subcontractor whose facilities and/or services are being used for this program, from any and all injuries or damages arising from, or in any way contributed to, my or my child's participation in this program.

I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified (or the contact that I have listed) as soon as possible in case of any emergency affecting me, or my child. In the event I cannot be reached (or the contact that I have listed) in an emergency, I hereby authorize the directions listed on the Emergency Medical Treatment Form to be followed.

MEDICAL CONSENT: In the event emergency medical aid/treatment is required due to illness or injury during the process of participation, or while being on the property of the agency, I authorize Ivey Ranch Park Association to:

- 1) Secure and retain medical treatment and transportation if needed.
- 2) Release client records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray, hospitalization and any treatment procedure deemed necessary by the physician.

I also hereby authorize and consent that Ivey Ranch Park Association has the right to copyright, publish, use, sell or assign any and all photographic pictures, videotapes and/or sound recordings taken or made of me or the youth mentioned below in which I or the youth mentioned below may be included in whole or part. I grant permission to allow these images and/or recordings to be put to legitimate use at the discretion of Ivey Ranch Park Association. I relinquish all rights, title, or interest to any furnished products, reproductions or facsimiles.

I, the participant, parent, guardian, or legal custodian of the minor participant, do hereby assent to above waiver and release and agree to all the terms as stated above.

Adult Printed Name: _____ DOB: _____

Gender: Male / Female / Non-Binary (*please circle one*)

Adult Signature: _____ Date: _____

Your Relationship to the Child/Children Listed Below: _____

Child's Name (Print Name): _____ DOB: _____ Child's Gender (*please circle one*):
Male / Female / Non-Binary

Child's Name (Print Name): _____ DOB: _____ Child's Gender (*please circle one*):
Male / Female / Non-Binary

Child's Name (Print Name): _____ DOB: _____ Child's Gender (*please circle one*):
Male / Female / Non-Binary

Child's Name (Print Name): _____ DOB: _____ Child's Gender (*please circle one*):
Male / Female / Non-Binary

Email: _____ Phone: _____

Address, City, State & Zip: _____

In the Event of an Emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____