



COMMUNITY BRIDGES
PUENTES DE LA COMUNIDAD

MINOR VOLUNTEER APPLICATION

**COMMUNITY BRIDGES IS COMMITTED TO STRENGTHENING OUR DIVERSE
COMMUNITY THROUGH INNOVATIVE HUMAN SERVICES.**

**SINCE 1977, WE HAVE BEEN A CATALYST FOR A BRIGHTER FUTURE BY
OPENING DOORS, OFFERING HOPE AND PROVIDING A HAND UP TO THE
PEOPLE OF SANTA CRUZ COUNTY.**

Thank you for your interest in volunteering with Community Bridges.

519 Main Street Watsonville, CA 95076 | Telephone: (831) 688-8840 ext. 200 | Fax: (831) 688-8302

www.communitybridges.org

Today's Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Emergency Contact: _____ Relationship to you: _____

Emergency Contact's Phone Number: _____

Are you over the age of 18? Yes No If not, please provide your age: _____

How did you find out about Community Bridges? _____

With which programs are you interested in volunteering? Please check the program and/or location.

(Additional information can be found at www.communitybridges.org)

Programs:

Administration (ADM)
Child and Adult Care Food Program (CACFP)
Lift Line (LL)
Elderday (ELD)
Child Development Division (CDD)
Family Resource Collective (FRC)
Meals on Wheels (MOW)
Women, Infants, and Children (WIC)

Locations:

San Lorenzo Valley (CDD, MOW, FRC, WIC)
Santa Cruz (ELD, CDD, FRC, MOW, WIC)
Capitola/Live Oak (FRC, MOW)
Watsonville (CDD, FRC, MOW, WIC, ADM, CACFP, LL)

What language(s) do you speak? _____

How many hours per week would you like to volunteer? _____

Please provide any particular hours that you are available and interested in volunteering:

Monday	Tuesday	Wednesday	Thursday	Friday

Please attach a resume and/or briefly describe your background and any specific interests you might have in volunteering with Community Bridges:

Note: An applicant with a sealed or expunged record may answer "no" with respect to any inquiry herein relative to convictions. In addition, any applicant may answer "no" with respect to any inquiry relative to prior



Minor Volunteer Agreement and Release

I, the undersigned participant or parent/guardian of the listed minor volunteer (if participant is under 18 years of age) allow my child to volunteer his or her services to various community service organizations and projects through Community Bridges. As a participant in volunteer opportunities arranged by Community Bridges (hereafter referenced as “the” Community Bridges), and in consideration of COMMUNITY BRIDGES’s efforts to locate, arrange, coordinate and/or make available volunteer opportunities, I hereby agree and release the Community Bridges and all affiliated entities as follows:

1. I understand that my child is a volunteer and not an employee of Community Bridges. I acknowledge and agree that the nature of the volunteer services typically performed by the Community Bridges volunteers, and which my child may perform as a Community bridges volunteer may involve potential risk of injury. I willingly and freely agree to allow my child to volunteer and hereby assume any and all risk in connection with my child’s volunteer efforts or participation, including without limitation, risk of any accident or injury to person or property which my child may sustain in connection with his or her participation as a volunteer or in any related project or activity. **In addition to the foregoing, my child will only participate in Community Bridges projects and other activities that he or she is physically capable of without risk of injury to his or herself.**
2. I hereby acknowledge that the Community Bridges is involved in assisting children, seniors and other vulnerable populations. I understand that for the protection of these populations, the Community Bridges requires disclosure of criminal background by all volunteers. **I hereby confirm, represent, and warrant that my child has never been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense, or any other felony violation of law, nor has my child ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.**
3. I hereby release the Community Bridges , its community service partners, Partner Agencies, directors, officers, agents, employees, successors, designees, licensees, sponsors, donors, representatives, guests, affiliates, and volunteers (the “Community Bridges Parties”) from and covenant not to sue for, any and all claims and causes or action, whether known or unknown, arising out of, based upon or relating to my child’s participation as a volunteer of the Community Bridges or in any related activity or project, including, without limitation, any negligence of Community Bridges Parties. Furthermore, to the extent my child utilizes his or her own vehicle (if applicable) for transportation or other purposes in connection with a volunteer project or activity, I hereby represent and

warrant that he or she has a current automobile liability insurance policy in force that includes bodily injury and property damage.

4. I understand that, except as otherwise agreed by the Community Bridges in writing; the Community Bridges does not carry or maintain motor vehicle, health, medical or workers' compensation or disability coverage for any volunteer. I also understand that the Community Bridges does not represent or warrant that any agencies, schools, businesses, companies or other nonprofits with which it refers or places volunteers carry or maintain motor vehicle, health, medical, workers' compensation or disability insurance coverage for any volunteer.
5. I further grant to the Community Bridges, Partner Agencies, its designees and successors, my consent to use my child's name, photograph, likeness, image, voice and biography in any publications, advertising and publicity, in connection with my participation with the Community Bridges.
6. This document also serves as a release for any/all minors who are under my child's supervision and care while participating in volunteer projects coordinated through or by the Community Bridges. I also agree, on behalf of my child to provide adequate and appropriate supervision to said minors throughout the duration of volunteer activities.
7. This release is for the benefit of the Community Bridges and its successors, licensees, agents, employees, affiliates and assigns. The laws of the State of California shall govern this release.

Volunteer:

(Print name)_____ Date: _____

(Signature)_____

Parent/Guardian:

(Print name)_____ Date: _____

(Signature)_____

For Organizational Use Only:

Organization: Community Bridges

(Print name)_____ Date: _____

(Signature)_____

Transportation: Information and Release

My child will arrive/leave (Check all that apply):

By Bicycle _____ By Foot _____ With Parents _____

I (Print Full Name) _____, authorize my child to travel to and from the program alone.

Signature: _____ Date: _____

The only people authorized to pick up my child are: (please, include the telephone # we may use to contact these individuals during the hours of program operation)

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Additional Emergency Contact:

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

Doctor we may call in case of emergency:

Name: _____

Address: _____

City State Zip Code

Telephone: _____

Dentist we may call in case of emergency:

Name: _____

Address: _____

City State Zip Code

Phone # _____