



STAR ECO STATION

4465 Granite Dr. Ste 700
ROCKLIN, CA 95661

(916)632-8347 (ph)
(916)632-8427 (FAX)

Volunteer Application Form

This application constitutes the preliminary selection process.
The STAR Eco Station reserves the right to deny applications.

Name of Volunteer

Date

1. Circle the STAR Eco Station branch that most interests you.

Special Event Volunteer

Animal Enrichment Volunteer

Docent- Education Volunteer

2. Circle the day(s) of the week that you are most available to volunteer.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

3. Circle the range of hours you would be able to commit to volunteering at the STAR Eco Station per month.

10-20

21-40

41-60

61-80

81-100

101+

4. Are you ...?

A. volunteering for a school/program credit?

Yes

No

If yes, which school/program? _____ Current grade: _____

B. volunteering for Court mandated community service?

Yes

No

If yes, why? _____

5. I want to be an Eco Station volunteer because...

6. Please describe any special skills you may have that may be useful to the STAR Eco Station.

7. Describe any past experience you may have working with children and or animals.

8. List any volunteer organizations in which you have served and in what capacity.

9. Who referred you, or, how did you find out about the STAR Eco Station? _____

Volunteer Information

(Please print all information)

Name: _____
Last First Middle Initial

Address: _____
Street Address

City Zip Code

Telephone: _____
Daytime # Evening # Email Address

Birthday: _____
Month Day Year

If you are a minor:

Minimum age: 14 _____
UNLESS Parent/Guardian's name
accompanied by
parent/guardian

Daytime # Evening # Other #

10. Do you have any medical issues?

No Yes (explain) _____

11. Are you currently taking a medication that alters your ability to perform tasks?

No Yes (explain) _____

11. Do you have a condition (physical or psychological) that would impair you from working?

No Yes (explain) _____

12. Do you have a valid California Driver's License? Yes No

-----FOR OFFICE USE ONLY-----

APPLICATION DATE: APPLICATION ACCEPTED OR DENIED

NOTES:

TERMINATION DATE:

CAUSE OF TERMINATION:



STAR ECO STATION

RELEASE, WAIVER, AND ASSUMPTION OF RISK AGREEMENT FOR VOLUNTEERS

This is a legally binding release, waiver and assumption of risk agreement made by me _____ (hereafter, "I" or "Volunteer") to STAR Education and the STAR Eco Station (hereafter, collectively "STAR"). I wish to volunteer my services to STAR and I hereby agree as follows:

1. I acknowledge and understand that, as part of my participation with STAR and in STAR-related events, there are dangers, hazards and inherent risks to which I may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss, arising from the actions, inactions or negligence of me or others or from the condition of the premises. I also acknowledge and understand that there may be other dangers, hazards or risks not presently known or reasonably foreseeable, and that participation may include travel to and from the event.
2. I further acknowledge and understand that there may be photography conducted at STAR and STAR-related events and I hereby consent and agree that any and all such photographs containing my image may be used by STAR for promotional purposes.
3. In consideration of the opportunity to volunteer my services to STAR, I agree to assume all risks, dangers, and hazards arising from such volunteer services and that such assumption shall be binding upon my heirs, designees and assigns.
4. I agree that, in connection with my volunteer activities, I will adhere to all of the policies and procedures of STAR and all laws and regulations of the jurisdiction in which I am located including, but not limited to, the State of California.
5. I hereby release, indemnify and agree to hold harmless STAR, its officers, trustees, employees, volunteers, assigns, successors and/or agents, from and against any and all liability, actions, debts, claims and demands of any kind whatsoever including, but not limited to, any claim for negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that I may suffer, or for which I may be liable to another, arising out of my volunteer activities for STAR.
6. I hereby waive all rights under California Civil Code Section 1542, or similar law of any other jurisdiction, which reads as follows: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."
7. I hereby agree to pay for any damages to any property or other damage caused by me, either negligently, willfully or otherwise, during my volunteer activities.
8. I acknowledge that, prior to signing this release, waiver and assumption of risk, I have had an adequate opportunity to read it, and any questions I had were directed to STAR and have been answered to my satisfaction.

Signature of Volunteer: _____ Date: _____

Printed Name: _____

If volunteer is under 18 years of age:

I am the parent or legal guardian of the Volunteer. I have read and understand the foregoing release, waiver and assumption of risk. I hereby consent to Volunteer's participation with STAR and in STAR events; I am and will be legally responsible for the obligations and actions of Volunteer as set forth above; and I agree to be bound by the terms of this release, waiver, and assumption of risk.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

VOLUNTEER EMERGENCY CONTACT INFORMATION

Name: _____ Current Grade: _____
Age: _____ Birthdate: ____/____/____ Sex: M _____ F _____

Home Address _____ City _____ Zip Code _____

Home Phone # _____ Email Address _____

Parent/Guardian 1

Name _____ Cellular # _____ Email Address _____

Parent/Guardian Employment _____ Work # _____ Position _____ Pa

Work Address _____ City _____ Zip Code _____

Parent/Guardian 2

Name _____ Cellular # _____ Email Address _____

Parent/Guardian Employment _____ Work # _____ Position _____

Work Address _____ City _____ Zip Code _____

Emergency Contacts:

Name: _____ Relation: _____

Address: _____ Phone #: _____

Name: _____ Relation: _____

Address: _____ Phone #: _____

Name: _____ Relation: _____

Address: _____ Phone #: _____

EMERGENICES

In case of an emergency, STAR Eco Station will make every effort to contact the guardian of the minor involved, before any treatment is begun. However, in the event we are unable to make contact with the parents/guardians, we require this medical release to be signed by all the participants in the program.

I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY THE STAR ECO STATION TO HOSPITALIZE

SECURE TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY OF MY CHILD.

It is further understood that the undersigned will assume full responsibility for any such treatment, including the payment of all costs, and will hold the STAR Eco Station, its representatives, and staff, harmless therefrom.

Name of Insurance: _____ Policy # _____

Parent/Guardian's Name (PRINT): _____

Parent/Guardian's Signature: _____ Date: _____

Minor's Medical Information: (physical, dietary, allergies, etc.) _____