



## STUDENT VOLUNTEER APPLICATION

Please print all information clearly

All information is confidential

Last Name\_\_\_\_\_First Name\_\_\_\_\_Middle Initial\_\_\_\_\_

Street Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Home Telephone\_\_\_\_\_Cell\_\_\_\_\_

Email Address\_\_\_\_\_Birthday (month/day/year)\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Last Name\_\_\_\_\_First Name\_\_\_\_\_

Street Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Home Telephone\_\_\_\_\_Work/Cell\_\_\_\_\_

Relationship\_\_\_\_\_

### EDUCATION

School currently attending\_\_\_\_\_Grade Level\_\_\_\_\_

### EMPLOYMENT HISTORY: ARE YOU CURRENTLY EMPLOYED? No Yes

Employer\_\_\_\_\_

Street Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Type of business\_\_\_\_\_Job Title/Position\_\_\_\_\_

Duties\_\_\_\_\_

Any other work experience\_\_\_\_\_

HAVE YOU PREVIOUSLY VOLUNTEERED AT THE ARBORETUM? IF SO, DURING WHAT  
TIME PERIODS AND IN WHAT AREA?

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**WHY WOULD YOU LIKE TO VOLUNTEER AT THE ARBORETUM?**

☐ To fulfill community service hours required by school

# of Hours required\_\_\_\_\_

Date by which hours must be completed\_\_\_\_\_

☐ Personal enjoyment

☐ Other \_\_\_\_\_

**DATE YOU ARE AVAILABLE TO BEGIN VOLUNTEER SERVICE**\_\_\_\_\_

**DO YOU HAVE A DATE BY WHICH YOU WOULD LIKE TO COMPLETE YOUR  
VOLUNTEER SERVICE?**

**AVAILABILITY**

Days and times of the week you are currently available to volunteer

Sunday\_\_\_\_\_

Monday\_\_\_\_\_

Tuesday\_\_\_\_\_

Wednesday\_\_\_\_\_

Thursday\_\_\_\_\_

Friday\_\_\_\_\_

Saturday\_\_\_\_\_

Can you make a commitment to a weekly assignment? ☐ Yes ☐ No

Are you interested only in one-day special events instead of a regular ongoing weekly assignment?

☐ Yes ☐ No

**ASSIGNMENT**

Do you prefer an indoor or outdoor assignment or have no preference?\_\_\_\_\_

(Please note that the minimum age requirement for the Gift Shop & Membership/Visitor Services Office is 15 years old)

**ARE YOU OR YOUR FAMILY CURRENTLY A MEMBER OF THE ARBORETUM?** ☐ Yes ☐ No

**HOW DID YOU HEAR ABOUT THE VOLUNTEER PROGRAM AT THE ARBORETUM?**\_\_\_\_\_

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**HAVE YOU VOLUNTEERED FOR OTHER ORGANIZATIONS? IF SO, PLEASE LIST THEM AND YOUR ASSIGNMENT(S)**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESCRIBE YOUR QUALIFICATIONS, HOBBIES OR SKILLS RELEVANT TO THE VOLUNTEER POSITION(S) THAT INTEREST YOU.**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPUTER SKILLS:**\_\_\_\_\_

\_\_\_\_\_

**CAN YOU SPEAK AND/OR WRITE ANY OTHER LANGUAGE? LIST THE LANGUAGE(S) AND YOUR LEVEL OF FLUENCY.**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHAT OTHER HELPFUL INFORMATION WOULD YOU LIKE US TO KNOW ABOUT YOU?**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENTAL CONSENT (Required for all students under the age of 18 years old):**

(Students Name)\_\_\_\_\_ has my consent to Perform volunteer duties as a student volunteer at the Los Angeles County Arboretum & Botanic Garden under the supervision of a staff member or an experienced adult volunteer. In the event of a medical emergency during which I cannot be reached, I give permission for representatives of the Los Angeles County Arboretum & Botanic Garden to arrange for emergency medical care for the above named minor at their discretion.

Parent or Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

Print Name of Parent or Guardian\_\_\_\_\_

Street Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Home Telephone (\_\_\_\_\_)\_\_\_\_\_ Cell (\_\_\_\_\_)\_\_\_\_\_

Email Address\_\_\_\_\_

Doctor's Name:\_\_\_\_\_ Phone #\_\_\_\_\_

I understand that it is my responsibility to read and comply with the guidelines and policies which I will receive prior to volunteering. It is my responsibility to speak with my supervisor and/or the Volunteer Coordinator if I have any questions regarding my volunteer assignment.

Signature\_\_\_\_\_

Date\_\_\_\_\_

04-08-2023

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) 588-5125 Email: [volunteers@parks.lacounty.gov](mailto: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 \_\_\_\_\_ Relationship to Volunteer Applicant \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**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, to be valid. For further information, or questions, on the Live-Scan process, you may contact the Interim Volunteer Programs Coordinator at 626-588-5125.

*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.*

**Questions about our volunteer program?**

**Contact your local County of Los Angeles Department of Parks & Recreation facility, or  
 The Interim Volunteer Programs Coordinator at 626-588-5125 or email:**

**[volunteers@parks.lacounty.gov](mailto:volunteers@parks.lacounty.gov)**

Dear Arboretum Volunteer:

The Los Angeles County Department of Parks and Recreation and the Board of Supervisors mandates all volunteers be live-scanned (electronic fingerprinting) and cleared prior to volunteer Service.

At this time, live scanning is being performed through a private agency; **Daines Trading Live Scan Fingerprinting, located at 5532 Lenore Avenue, Arcadia CA**; phone (626) 485-3844 for a \$20.00 fee, for which you are responsible. Hermi Felix is the contact person.

You will be asked to complete a live scan form at your appointment. I am including a copy of the correct Live Scan form to bring to your appointment. Please be sure to retain a copy of this completed form at the time of your appointment and return the form to me for proper clearance to volunteer.

Please be sure you have a valid picture identification (i.e., driver's license) for your live-scan appointment. Student volunteers must bring their student ID with them to the appointment. You are not required to provide your Social Security number, although failure to do so may delay the processing of your scan.

All information provided on the form will be securely and confidentially maintained by both the County office and the Los Angeles County Arboretum & Botanic Garden. Your personal information is not at risk.

Live-scanning through other county agencies or entities (i.e. law enforcement) does not satisfy this requirement. Each department within the County of Los Angeles has its own contract with the Department of Justice, and DOJ rules prohibit sharing of records.

You will receive volunteer hours for getting live-scanned. Report your hours (time spent being scanned and the actual time it took you to drive back and forth) to me. Thank you for your understanding and cooperation. Your volunteer support of the Arboretum is greatly appreciated.

*Pamela Kermgard  
Volunteer Coordinator  
Los Angeles County Arboretum & Botanic Garden  
310 N. Baldwin Avenue  
Arcadia, CA 91007  
Phone: (626) 821-3210  
Email: [pamela.kermgard@arboretum.org](mailto:pamela.kermgard@arboretum.org)*



COUNTY OF LOS ANGELES  
DEPARTMENT OF PARKS AND RECREATION

**VOLUNTEER LIVE-SCAN AND CRIMINAL HISTORY QUESTIONNAIRE FORM**

FOR INTERNAL USE ONLY. NOT TO BE USED OUTSIDE OF THE DEPARTMENT

ORI#: **A0693**

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

**Job Title Line** VOL/ / /  
(Type of License/Cert/Permit or Work Title: VOL/PARK CODE/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 Brian Mejia – (626) 588-5125

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

<b>Applicant Information:</b>				
Last Name		First Name		Middle Initial
Street Address Apt. No.		Home Telephone Number ( ) -		
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:				
<b>CONVICTIONS</b>				
Have you ever been convicted of any crime by any court, including a military court, except as provided in the box below (page 2)? <b>YES NO</b>				
If you responded <b>NO</b> , please sign and date the Certification of Applicant, below.				
If you responded <b>YES</b> , please disclose information of convictions on page 2, then sign and date the Certification of Applicant, below.				
<b>CERTIFICATION OF APPLICANT (please read carefully):</b> 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.

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OFFENSE OR CASE NAME (Provide Penal Code or other code section if known)	CONVICTION DATE (on or about)	WHERE VIOLATION OCCURRED (City, County, State)	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**