The Arboretum
LOS ANGELES COUNTY ARBORETUM & BOTANIC GARDEN

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?

_____

_____

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 is15 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?_____

_____

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 HELPFULINFORMATION 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

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

COUNTY OF LOS ANGELES

DEPARTMENT OF PARKS AND RECREATION

VOLUNTEER LIVE-SCAN AND CRIMINAL HISTORY QUESTIONAIRE 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

Applicant Information:

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:**_____

CONVICTIONS

Have you ever been convicted of any crime by any court, including a military court, except as provided in the box below (page 2)? **YES** ☐ **NO** ☐

If you responded NO, please sign and date the Certification of Applicant, below.
If you responded YES, please disclose information of convictions on page 2, then sign and date the Certification of Applicant, below.

CERTIFICATION OF APPLICANT (please read carefully): 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:** _____

(Rev 08/2019)

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.

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