



# CITY OF CORONADO

## Volunteer Application

### Applicant Information

Full Name: \_\_\_\_\_ Gender:  Male  Female  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you have any prior convictions or felonies?  YES  NO

If yes, explain:

**In case of an emergency while volunteering, please list someone we may call on your behalf:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### Previous Volunteer Experience

Company or Organization: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Website: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Company or Organization: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Website: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

### Volunteer Availability

Please list the hours you are available to volunteer for each day of the week:

For example: 

Tuesday
9 A.M. – 2 P.M.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**GOLF AND TENNIS SERVICES**  
2000 VISALIA ROW  
CORONADO, CA 92118  
(619) 522-2438  
www.golfcoronado.com

**RECREATION SERVICES**  
1845 STRAND WAY  
CORONADO, CA 92118  
(619) 522-7342  
www.coronado.ca.us/recreation

**JOHN D. SPRECKELS CENTER**  
1019 SEVENTH STREET  
CORONADO, CA 92118  
(619) 522-7343  
www.coronado.ca.us/spreckels

**References**

*Please list three personal references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to my approval to volunteer, I understand that false or misleading information in my application or any subsequent interview may result in my dismissal from the volunteer program.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization of Treatment**

In connection with any injury I may sustain, or illness or other medical conditions I may experience during my participation as a volunteer, (I)(We) the undersigned, do hereby authorize and consent to any emergency first aid, medication, medical treatment or surgery deemed necessary by attending medical personnel if I am not able to act on my own behalf. I further authorize the attending medical personnel to execute on my behalf any permission forms, consents, or other appropriate documents relating to medical attention and to act on my behalf if I or my parent or guardian is not able or immediately available to do so. (I)(We) authorize The City of Coronado and/or any California Hospital as agents for the undersigned to consent, in advance of any specific diagnosis, to any x-ray examination, anesthetic medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any California Hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization shall remain effective until revoked in writing by (I)(We). I will not hold the City of Coronado responsible for any damage arising from any injury that might be received while participating in activities of the City of Coronado Recreation Department, as set out more fully in the signed Volunteer Waiver being submitted with this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Name and Likeness Release**

In further consideration of participation in the City of Coronado Recreation Programs, I agree that the City of Coronado and its officers, agents, or employees may use my appearance, name, and likeness in connection with my participation in any City of Coronado publication, including news release, without my prior consent. I further agree that I am not entitled to any compensation for such use of my appearance, name, and likeness.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_