

CAMP SACRAMENTO

Family Camp & Conference Center

2450 Meadowview Rd.
Sacramento, CA 95832
Camp Manager : (916) 808-6169



CITY OF SACRAMENTO

Department of Parks and Recreation

Information / Reservation (916) 808- 6098

Fax: (916) 808-4060

www.cityofsacramento.org/parksandrecreation/campsac

Thank you for your interest in Camp Sacramento!

Enclosed is a City of Sacramento Volunteer application. Please provide complete information on the application and attachment and return to the address below by the deadline date.

Camp Sacramento is a Family Camp and Conference Center serving the residents of the Sacramento Valley and beyond since 1920. It is operated by the City of Sacramento Department of Parks and Recreation division. Situated on approximately 15 acres of US Forest Service leased land in the Eldorado National Forest in an area called Sayles Flat and is located on Highway 50, approximately 85 mile east of Sacramento. The elevation is 6,500 feet. In addition to Family Camp Services, Camp Sacramento serves as an outdoor education center for school groups, a center for workshops and conferences, as well as a special “home” for organized groups. Located just 17 miles from beautiful Lake Tahoe, Camp Sacramento is the ideal location for your summer work experience.

Each volunteer must satisfactorily complete the mandatory process as required by the City of Sacramento. This process requires a fingerprint clearance and that all other paperwork be completed before commencement of volunteer service.

Additional application may be requested or more information provide by contacting:

Allison Narramore
Business Manager
2450 Meadowview Road
Sacramento, CA 95832
(916) 808-6098
Email: anarramore@cityofsacramento.org

APPLICATION FILING DEADLINE IS FRIDAY, March 23, 2012

Visit Camp Sacramento on the World Wide Web!

www.campsac.org

VOLUNTEER APPLICATION

City of Sacramento, Department of Parks and Recreation

Camp Sacramento



Participant Information (please print legibly or type):

Name _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Will you be 15 years old by June 1: Yes NO (must be at least 15 years old to volunteer at Camp Sacramento)

Note: If you are under 18, the consent information on back MUST be completed by your parent or guardian.

Have you ever been convicted a crime? Driving Under the Influence convictions must be reported. You may omit: a) traffic violations; b) any convictions committed prior to your 18th birthday which was finally adjudicated in Juvenile Court or under a youth offender law; c) any incident sealed under Welfare and Institutions Code Sections 781 or Penal Code Section 1203.45; d) any marijuana convictions, more than two (2) years old, describe in Labor section 432.8. **If yes, please explain and give dates & dispositions:** _____

Reason for Volunteering: _____

Are you volunteering due to a mandated community service order? Yes No

Do you have a required number of hours you need to complete? Yes No If yes, how many? _____

Do you have a deadline to complete these hours? Yes No If yes, when? _____

Please indicate your interests & availability: (Multiple dates allowed)

	June 17-20		July 22-25
	June 20-23		July 25-28
	June 24-27		July 30-Aug 4
	June 27-30		August 6-11
	July 2-7	Other dates	
	July 8-11		Aug 27-31
	July 11-14		
	July 16-21		

Emergency Contact Information:

Medical Insurance Provider _____ Insurance ID number: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Consent to Use Image of Volunteer in Public Relations

I agree to have photographs, films, videotapes or tape recordings taken of me or my minor child/ward. I give permission for those images or voice recordings of myself or my minor child/ward to be released to the news media, for other public information purpose and used in promotional or training materials for staff or the general public for the benefit of Camp Sacramento.

Volunteer Signature: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Volunteer Agreement

I _____, choose to participate at Camp Sacramento, as a volunteer and understand that my services are donated to the City of Sacramento (City) without contemplation of compensations or future employment, and given for humanitarian, religious or charitable reasons. I understand that I am covered under the City's Workers' compensations insurance in the event of and injury from rendering a volunteer service. I will report any injury or incident to my supervisor immediately. I agree to abide by any rules and directions provided by the management staff of Camp Sacramento.

Volunteer Signature: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____



All Volunteers Under 18 Years of Age Must Have Parent / Legal Guardian Complete The Section Below

Consent for Participation

Name of Volunteer: _____ Parent/ Guardian Name: _____
Day phone: _____ Cell Phone: _____ Email: _____

I, _____, the parent or legal guardian of _____ choose to permit _____ to participate at as volunteer at Camp Sacramento. I understand that my child's or ward's service are being offered on a voluntary basis without anticipation of any financial remuneration. I agree that he/she will abide by any rules and directions provided by the management staff of Camp Sacramento. I understand that my child is covered under the City's Workers Compensations insurance in the event of an injury form rendering a volunteer service. He/she will report any injury or incident to his/her supervisor immediately.

Signature of Parent or Legal Guardian: _____ Date: _____

Consent for Medical, Dental or Hospital Care of Minor Volunteer

I, _____, the parent or legal guardian of _____, a minor, who was born on _____, authorize medical, dental, surgical or hospital care, treatment, or diagnosis of said minor and I agree to pay for any medical, dental, surgical, or hospital diagnosis treatment, or care rendered to or for said minor.

Signature of Parent or Legal Guardian: _____ Date: _____



For Office use only: Start date: _____ End Date: _____ Total Hours: _____



Volunteer Statements

_____ I agree to conform with rules and regulations of the City of Sacramento. I understand that I will begin service on a reciprocal trial basis. I agree to participate in orientation and training.

_____ I understand that I am fully responsible for maintaining my own personal records of time volunteered to the City for the purpose of internship, community service, etc, subject to my supervisor's verification. At the end of my volunteer service I can have my supervisor sign a letter documenting hours donated, and I understand that the City will maintain no permanent record of this time.

_____ I understand that the City has a zero-tolerance policy against any type of harassment or discrimination. I agree to comply with these policies, and recognize that I will also be protected by them.

_____ I understand that the City has a zero-tolerance policy against any type of violence, threat or intimidation, implied or actual, in the workplace. I agree to comply with this policy and recognize that I will also be protected by it.

_____ I understand that the City has a zero-tolerance policy against any use of or being under the influence of, illegal drugs or alcohol in the workplace. I agree to comply with this policy.

_____ Volunteers may be required to be fingerprinted, during and or prior to start of service.

_____ Transportation to and from Camp Sacramento is not provided.

_____ I understand that failure to follow department policies and procedures may result in the termination of my service from the volunteer program.

I understand the above statements and have initialed each item. I feel I am good candidate to work with the staff at Camp Sacramento and to serve the public. I am in good physical health and know of no reason why I should not be able to work at an elevation of 6,500 feet.

Volunteer Signature _____ Date _____

Signature of Parent or Legal Guardian: _____ Date: _____

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