



Personnel Office; 405 Galaxy Ave, Bakersfield, CA 93308;  
Office (661)392-2000 Fax (661)392-2041 www.norfun.org

**Program interested in volunteering for:** \_\_\_\_\_  
**If interested in a sports program:**  Head Coach  Assistant Coach for *(list head coach)*:

**DATE:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Best way to reach me is: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you ever served as a volunteer or employee for NOR?  Yes  No **If yes, Date:** \_\_\_\_\_  
Program: \_\_\_\_\_ Other name used: \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Special skills, experience, and/or education related to the particular area for which you are volunteering:

**Have you ever been convicted of any offense other than a minor traffic violation?**  Y  N  
**If yes,** briefly describe on a separate piece of paper or complete the district's Conviction Review form and attach to this application.  
*(Note: No volunteer will be denied solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

*Complete only if volunteering for a position that requires driving.*  
**CA Drivers License- #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

### PARTICIPATION AGREEMENT

I agree to take my volunteer commitment seriously and perform my assigned tasks in a professional and efficient manner; follow my assigned schedule and to notify my program supervisor promptly if I am unable to work as scheduled because of unavoidable absence or delays, or the need to discontinue my assignment before its completion; respect the confidentiality of all materials with which I come into contact. **I understand that I may be required to submit to a Criminal Background Check and I agree to be Live-Scanned at NOR**

I certify that the statements made in this volunteer application are true and correct, and that false or misleading information will subject me to disqualification or dismissal from volunteer services. I further understand that in order for the district to comply with Section 5164 of the Public Resource Code certain positions will be subject to fingerprinting and a background check PRIOR to starting a volunteer position(s).

**Date:** \_\_\_\_\_ **Volunteer Signature:** \_\_\_\_\_  
 Check here if under 18 years old

*To be completed only if volunteer is a minor:*  
If an emergency occurs involving the above named minor and a parent/guardian cannot be reached, the undersigned authorizes supervisor of minor's volunteer project, or such substitute as he/she may designate, as agent for the undersigned, to consent to any medical, dental or surgical diagnosis or treatment and hospital care for the above minor. This must be deemed advisable by and rendered under the general or special supervision of a licensed physician, surgeon or dentist.

**Date** \_\_\_\_\_ **Parental Signature required if under 18** \_\_\_\_\_

**PERSONNEL OFFICE:**  
**Program:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_ **Minor?**  Y  N  
**Needs:**  Fingerprinting  Drug Screen  Driver paperwork / Auto Ins / CA DL