



EFRR Docent **Trail Patrol Application** (check one)

Contact Information

Name	
Street Address	
City ST ZIP	
Home Phone	
Mobile Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings
- Weekday afternoons
- Weekday evenings
- Weekend mornings
- Weekend afternoons
- Weekend evenings

What shift length are you available for?

- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or interests. Why would you be a good volunteer at the Elfin Forest Interpretive Center or for the Trail Patrol Program?

Previous Volunteer Experience

Summarize your previous volunteer/work experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Job Requirements

Have you read the job description and requirements? Yes No

Do you require reasonable accommodations to perform the essential functions of the position? Yes No

If yes, please describe below what accommodations you require

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that additional information will be needed such as a driver's license, social security number and that a background check will be required. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

After completing this application, please hand it to an EFRR Ranger or Docent, or you can mail it to:

OMWD
EFRR Parks Department
1966 Olivenhain Rd
Encinitas, CA 92024

FOR ADMINISTRATIVE ONLY:

- | | |
|--|--|
| <input type="checkbox"/> Training Date _____ | <input type="checkbox"/> Deposit Received (Trail Patrol) |
| <input type="checkbox"/> Background Received | <input type="checkbox"/> First Aid Received (Trail Patrol) |
| <input type="checkbox"/> Background Cleared | <input type="checkbox"/> Added to Contacts |



BACKGROUND CHECK ORDER FORM

CONFIDENTIAL

(TO BE FILLED OUT BY APPLICANT)

APPLICANT'S NAME: _____ Jr. Sr. Other _____
(Please Print) (First) (Middle) (Last)

Any other name(s) by which you are/have been known: _____

PRESENT ADDRESS: _____

City _____ State _____ County _____ Zip _____

PREVIOUS ADDRESS(ES) for past 7 years (include the city, state, county and dates of residence.)

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER AND STATE: _____

TransNet Investigative Group Fax No: 800-357-9540

TO BE COMPLETED BY EMPLOYER:

Position Applied For: _____ What Department? _____

Company Name: _____

Search Requested: _____

Employer certifies as follows: (1) it has provided a written disclosure to the consumer that a consumer report may be obtained for employment purposes; (2) the consumer has authorized Employer's procurement of the report; (3) it will comply with the statutory procedural requirements regarding adverse action; and (4) it will not use the information in the report in violation of any applicable federal or state equal opportunity law or regulation.

Authorized Signature: _____ Date: _____

Print Name: _____

fcra.preemp.order.form

**DISCLOSURE AND AUTHORIZATION
FOR BACKGROUND INVESTIGATION**

I hereby authorize **Olivenhain Municipal Water District** and/or any entity directed by Olivenhain Municipal Water District to obtain an investigative consumer report and/or consumer credit report for employment purposes, including in connection with my application for employment. An "investigative consumer report" includes any information as to your character, general reputation, personal characteristics, or mode of living. A "consumer credit report" includes any information regarding your credit worthiness, credit standing, credit capacity. The specific nature and scope of the investigative consumer report Olivenhain Municipal Water District is seeking includes inquiries regarding educational background; work history; personal financial status and credit history; court records, including criminal conviction record, as permitted by law; driving history if driving is part of any job duties; and references obtained from professional and personal associates.

I hereby authorize all previous employers, educational institutions, consumer reporting agencies and other persons or entities having information about me to provide such information to Olivenhain Municipal Water District or other entity that obtains information for Olivenhain Municipal Water District. I further fully release Olivenhain Municipal Water District, its employees, officers, directors, agents, successors and assigns, and all other parties involved in this background investigation, including but not limited to investigators, credit agencies and those companies or individuals who provide information to Olivenhain Municipal Water District concerning me, from any claims or actions for any liability whatsoever related to the process or results of the background investigation.

DATED: _____

(Applicant Signature)

(Print Name)



OLIVENHAIN MUNICIPAL WATER DISTRICT

APPLICANT NOTIFICATION

In conjunction with your application for employment with us, we utilize the services of TRANSNET INVESTIGATIVE GROUP, INC. to conduct a background investigation regarding your character, general reputation, personal characteristics, and mode of living. The investigative report may be comprehensive and include inquiry into past employment, education, and activities, including, but not limited to public records, credit history, criminal background information and driving record.

TRANSNET INVESTIGATIVE GROUP, INC. will, to the extent permitted by law, upon request, reasonable notice, and proper identification, provide you with information that was used in generating the report.

TRANSNET INVESTIGATIVE GROUP, INC. can be contacted at:

143 North McCormick Street, Suite 205
Prescott, AZ 86301
Phone (928) 445-3085
Toll-free Phone (800) 914-9234
Fax (928) 445-3065



Volunteer Injury/Worker's Compensation Waiver

ACTIVITY: **VOLUNTEER PARK DOCENT PROGRAM.**

The undersigned voluntarily wishes to participate in the Park Docent Program, which is sponsored by OLIVENHAIN MUNICIPAL WATER DISTRICT (District) and is a VOLUNTARY ACTIVITY, AND I WILL NOT RECEIVE ANY COMPENSATION FROM THE DISTRICT FOR THIS VOLUNTARY PARTICIPATION IN THIS ACTIVITY. NOR WILL I RECEIVE WORKERS' COMPENSATION INSURANCE. The Park Docent Activity may be a hazardous activity with the potential for death, serious injury and property loss. The risks include, but are not limited to; those caused by terrain, facilities, temperature, weather, condition of equipment, vehicular traffic, negligent and non-negligent action of other people including, but not limited to participants, volunteers, officers and citizens. I hereby assume all of the risks of participating in the Volunteer Park Host Program. I certify that I am physically able to participate in the **VOLUNTEER PARK DOCENT PROGRAM** and have not been advised otherwise by a qualified medical person.

GENERAL AGREEMENT, WAIVER AND RELEASE (Adults over 18)

I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in said activity. This release is intended to discharge, in advance, the above District (its officers, employees and agents) from and against any and all liability arising out of or connected in any way with my participation as a Volunteer Park Docent.

Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the Olivenhain Municipal Water District, (its officers, employees and agents). I further understand and agree that this waiver, release and assumption of risks are to be binding on my heirs and assigns.

I further agree to indemnify and to hold the Olivenhain Municipal Water District (its officers, employees and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in the Park Docent program.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

Signature: _____

Print Name: _____

Date: _____

OMWD Employee Signature: _____