



AMERICAN RIVER PARKWAY FOUNDATION
Preserving the legacy through community stewardship

Community Service Application

FOR INDIVIDUALS REQUIRED TO PERFORM HOURS OF SERVICE

5700 Arden Way, Carmichael, CA 95608

Office: (916) 486-2773 ♦ FAX: (916) 486-2779 ♦ Email: volunteer@arpf.org ♦ Web: www.arpf.org

Thank you for considering the American River Parkway Foundation for the fulfillment of part or all of your required community service hours. In order to be considered eligible for community service with our organization you will need to complete and submit this application. Applicants must be at least 14 years of age.

If interested in becoming a volunteer, please refer to Individual or Group Volunteer Application.

About You

Name: _____ Age (under age 18): _____

Last, First, Middle

Street Address: _____

City, State, Zip _____

Home Phone: _____ Cell: _____ Work: _____

E-mail Address _____

Volunteer Information

Have you been a volunteer with us before? Yes No If yes, where? _____
When? _____ What? _____ Why? _____

How did you hear about volunteering with the American River Parkway Foundation?

Community Service Needs:

How many hours of community service do you need to complete? _____

By what date do you need to complete your hours? ___/___/____ (mm / dd / yy)

Why are you performing community service?

School Job Club/organization Court Other _____

School/Job/Club/Court Name: _____

What are we required to do for proof of service completed? _____

What type of work are you willing to perform? (check all that apply)

Cleanup Weeding Planting/Caging/Watering Events Office Other

What days and times are you available to work? (check all that apply)

Mornings: Sat Sun Mon Tue Wed Thu Fri

Afternoons: Sat Sun Mon Tue Wed Thu Fri

Emergency Contact Information: (please print clearly)

In case of emergency please contact:

Name: _____ Relationship: _____

Address: _____

City, State, Zip _____

Home Phone: _____ Cell: _____ Work: _____

By submitting this application, I affirm that the facts set forth are true and complete. I understand that if I am accepted as a community service volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in either the denial of my application or immediate dismissal from service. I affirm to abide by the guidelines and instructions set forth by American River Parkway Foundation to fulfill my community service obligation and failure to do so may result in immediate dismissal from service.

Volunteer Applicant Name (Print) _____

Volunteer Applicant Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____
(if volunteer is less than 18 years of age)

Parent/Guardian's Phone _____ Email _____

Volunteer's age if less than 18 years of age _____

It is the intent of the American River Parkway Foundation 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.

Please attach any supporting documentation to this form and return to American River Parkway Foundation at 5700 Arden Way, Carmichael, CA 95608 via mail or fax.

For Office Use Only:

APPROVAL:

Approved by (Initials): _____ Approved Date: _____ Assigned ARPF Supervisor: _____ Supervisor (Initials): _____

Work Project Description: _____

Work Project Date(s) & Hour(s) _____

COMPLETION:

Service Completed (Y/N)? _____ Date Service Completed/Terminated? _____ Supervisor Initials (completed): _____

Paperwork Completed/Submitted (Y/N) – (Attach all supporting Documentation) Notes: _____