



**AMERICAN RIVER PARKWAY FOUNDATION**  
*Preserving the legacy through community stewardship*

## Volunteer Application

5700 Arden Way, Carmichael, CA 95608

Office: (916) 486-2773 ♦ FAX: (916) 486-2779 ♦ Email: [volunteer@arpf.org](mailto:volunteer@arpf.org) ♦ Web: [www.arpf.org](http://www.arpf.org)

**YES**, I/we want to volunteer to work on the Parkway.

If this is required service, please refer to “Community Service Application”.

**Name of Group** (if applicable): \_\_\_\_\_

**Group Contact Person** (if applicable): \_\_\_\_\_

Complete one form for the entire group

**Youth Volunteers:** There must be 1 adult chaperone for every 5 youth. Please have each youth (under 18) complete and bring a “Youth Waiver of Liability Form” to the event.

TL # of Adult Vols: \_\_\_\_\_ TL # of Youth Vols: \_\_\_\_\_ Estimate  Actual:

**Volunteer Contact Information:** (Please Print Clearly)

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

Business/Organization: \_\_\_\_\_

Your Title/Role: \_\_\_\_\_ Dept: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Fax: \_\_\_\_\_ Web: \_\_\_\_\_

Birthday: \_\_\_\_\_

**Volunteer Information**

Have you been a volunteer with us before?  **Yes**  **No** If yes, where? \_\_\_\_\_

When? \_\_\_\_\_ What? \_\_\_\_\_

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

\_\_\_\_\_

**Volunteer Needs:**

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

Cleanup  Weeding  Planting  Caging  Events  Education  Other \_\_\_\_\_

Outreach  Office  Project Coordinator  Flyers  Project Leader

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

I/We are interested in (check all that apply):

a one-time project     a recurring project over a period of time     multiple project this year

volunteering \_\_\_\_\_ total hours this year     Other \_\_\_\_\_

Preferred Parkway Access Area? \_\_\_\_\_ No preference: \_\_\_\_\_

**Emergency Contact Information:** (Please Print Clearly)

In case of emergency please contact:

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

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Comments/Questions/Skills:**

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**Member Affiliations (check all that apply):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Audubon Society      | <input type="checkbox"/> Kiwanis              | <input type="checkbox"/> Tree Foundation |
| <input type="checkbox"/> ARNHA                | <input type="checkbox"/> Lions Club           | <input type="checkbox"/> Trail Patrol    |
| <input type="checkbox"/> ARPF                 | <input type="checkbox"/> Rotary Club          | <input type="checkbox"/> Wheelmen        |
| <input type="checkbox"/> Bike Hikers          | <input type="checkbox"/> SABA                 | <input type="checkbox"/> _____           |
| <input type="checkbox"/> Chamber of Commerce  | <input type="checkbox"/> SAMBA                | <input type="checkbox"/> _____           |
| <input type="checkbox"/> CNPS                 | <input type="checkbox"/> SARA                 | <input type="checkbox"/> _____           |
| <input type="checkbox"/> ECOS                 | <input type="checkbox"/> Sierra Club          | <input type="checkbox"/> _____           |
| <input type="checkbox"/> Friends of the River | <input type="checkbox"/> Canoe & Kayaker Club | <input type="checkbox"/> _____           |

By submitting this application, I affirm that the facts set forth are true and complete. I understand that I am to pre-register for volunteer projects and if due to unforeseen circumstances I am unable to work, I will inform ARPF either in writing or telephone prior to the project. If I am representing a volunteer group then I understand that I am required to provide a total count at least 5 days prior to the project.

Volunteer Applicant Name (Print) \_\_\_\_\_

Volunteer Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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.

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For Office Use Only:

APPROVAL:

Approved by (Initials): \_\_\_\_\_ Approved Date: \_\_\_\_\_ DB Setup: \_\_\_\_\_ Welcome: \_\_\_\_\_ Notes: \_\_\_\_\_