



Sonoma Coast State Beach Volunteer Program

- Title:** Willow Creek Docent
- Purpose:** To promote and interpret the natural and cultural history of the Willow Creek unit as part of Sonoma Coast State Beach for park visitors of all ages.
- Duties:** Docents may interpret the natural and cultural history of the Willow Creek unit within Sonoma Coast State Beach by conducting tours, staffing information and sales areas, and assisting with special programs and events.
- Skills/
Qualifications:** Docents must be friendly, courteous and possess good communication skills. They must be willing to learn and share their knowledge of the parks resources with the visitors. They must be willing to make a serious time commitment to attend training and meetings.
- Reports to:** District Interpretive Specialist/Designee
- Time:** Dates and hours to be arranged.
- Training:** Attend Willow Creek training provided by State parks and demonstrate competence in leading interpretive activities.
- Benefits:** Learn about the natural and cultural history of the Willow Creek Watershed. Eligible for a District or a Statewide Volunteers in Parks Day Use Pass.



VOLUNTEER SERVICE AGREEMENT

A copy of the volunteer duty statement must be attached.

NAME (First, MI, Last)	HOME PHONE NO.	ALTERNATE PHONE NO.
HOME ADDRESS	CITY/STATE/ZIP CODE	EMAIL ADDRESS

CHECK ONE
 I am 18 years of age or older. I am under 18 year of age (*Attach a signed Parental/Guardian Permission Form, DPR 208C.*)

SERVICE AGREEMENT

I agree to comply with all Department policies, regulations, directives and instructions, and to conduct myself in a professional manner, consistent with the same standards as established for Department employees.

I understand that I will not be compensated for any work performed as a State Parks Volunteer, other than for reimbursement of necessary and allowable expenses when authorized in my duty statement and in accordance with State rules. [Reimbursement requires that I complete an Oath of Allegiance (STD. 689).]

I understand that any injuries I sustain in the course and scope of performing authorized volunteer services under this agreement shall be included within the scope of workers' compensation coverage maintained by the Department, to the same extent as injuries sustained by a Department employee. I also understand that the Department may, at its discretion, assume liability for tort claims against me arising from my acts or omissions occurring within the course and scope of my authorized volunteer service.

I understand and agree that all rights, title and interest, including copyright, in and to any materials created by me as a volunteer during the term of this agreement shall belong to the Department upon creation and shall continue in the Department's exclusive ownership upon termination of this agreement. Such materials shall be a work for hire within the meaning of the Copyright Act of 1976, as amended. If and to the extent that any portion of the materials created by me pursuant to this agreement are determined not to be a work for hire, I assign to the Department all rights, title and interest in such portion of the materials, including all related copyrights and other proprietary rights. I agree that the provisions of this paragraph shall be effective unless otherwise agreed to in writing. I agree to cooperate with the Department and to execute any document reasonably necessary to give these provisions full force and effect, even if this agreement has been terminated.

I understand that this agreement remains in effect only so long as is mutually agreeable to both the Department and me, and that either I or the Department may terminate this agreement at any time, with or without cause, and with or without advance notice.

DISTRICT/DIVISION WHERE VOLUNTEER ASSIGNED	WORK LOCATION/PARK UNIT(S)	DATE VOLUNTEER TO BEGIN WORK
Russian River Sector	Sonoma Coast -Willow Creek Docent	

VOLUNTEER APPROVAL: <i>I hereby volunteer my services as a State Parks Volunteer for the job duties attached.</i>		DEPARTMENT APPROVAL (<i>contingent on approval of appropriate forms</i>)	
VOLUNTEER SIGNATURE	DATE	DEPARTMENT REPRESENTATIVE SIGNATURE	DATE
▶		▶	

EMERGENCY NOTIFICATION

First

NAME	RELATIONSHIP	HOME PHONE NO.	ALTERNATE PHONE NO.
STREET ADDRESS		CITY/STATE/ZIP CODE	

Second

NAME	RELATIONSHIP	HOME PHONE NO.	ALTERNATE PHONE NO.
STREET ADDRESS		CITY/STATE/ZIP CODE	

DATE VOLUNTEER SEPARATED	<input type="checkbox"/> Review prior to reinstatement. <input type="checkbox"/> Volunteer in good standing.	DEPARTMENT REPRESENTATIVE SIGNATURE
		▶



State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION

STATE PARKS VOLUNTEER APPLICATION

NAME	HOME PHONE NO.	ALTERNATE PHONE NO.
STREET ADDRESS	CITY/STATE/ZIP CODE	
IF UNDER AGE 18, PROVIDE NAME, ADDRESS AND PHONE NO. OF PARENT OR GUARDIAN		
HAVE YOU EVER SERVED AS A CALIFORNIA STATE PARKS VOLUNTEER? <input type="checkbox"/> Yes (<i>List locations and approximate dates below.</i>) <input type="checkbox"/> No		
POSITION YOU ARE SEEKING Willow Creek-Tour Docent	PARK PREFERENCE, IF KNOWN	
WHY DO YOU WISH TO BECOME A STATE PARK VOLUNTEER?		
CURRENT OCCUPATION		
HIGHLIGHT YOUR EDUCATIONAL AND EMPLOYMENT BACKGROUND/EXPERIENCES THAT YOU FEEL MAY CONTRIBUTE TO THE STATE PARK VOLUNTEER PROGRAM (<i>You may attach a resume.</i>)		
LIST THREE PERSONS NOT RELATED TO YOU WHO KNOW OF YOUR WORK QUALITY		
Name	Phone No.	Relationship

FOR CAMPGROUND HOST APPLICANTS ONLY

INDICATE YOUR CHOICE OF STATE PARK AND DATES AVAILABLE (<i>Minimum of 30 days, maximum of 6 consecutive months in one park.</i>)			
First Choice	Dates Available	Second Choice	Dates Available
INDICATE TYPE OF EQUIPMENT AND LENGTH			
<input type="checkbox"/> Camper:	<input type="checkbox"/> Motorhome:	<input type="checkbox"/> Trailer:	<input type="checkbox"/> Extra Vehicle:
IF APPLICABLE, INDICATE TYPES AND NUMBER OF PETS YOU WILL HAVE WITH YOU (<i>You must have proof of your pets' current rabies vaccination with you while you reside in the park as a campground host.</i>)			
<input type="checkbox"/> Dogs:	<input type="checkbox"/> Cats:	<input type="checkbox"/> Other:	

CERTIFICATION

I understand that additional information, such as driver's license, Social Security Account Number and a background check may be required for certain volunteer positions. I hereby certify that all statements made on this application are true and complete.

APPLICANT SIGNATURE

DATE

DATE VISUAL MEDIA CREATED

VISUAL MEDIA CONSENT

NAME OF PERSON CAPTURED IN VISUAL MEDIA (print)

PRIVACY RIGHTS AND USE OF INFORMATION

I give the State of California, Department of Parks and Recreation (DPR) permission to make photographs, videotapes, films or other likenesses of me, my child or legal ward. I hereby grant to DPR the unrestricted right to copyright any of the above-mentioned materials containing images of me, as well as the unrestricted right to use and reuse them, with their caption information, in whole or in part, in any manner, for any purpose and in any medium now known or hereinafter invented. These rights include, but are not limited to, the right to publish, copy, distribute, alter, license and publicly display these materials and images for editorial, trade, marketing and/or advertising purposes. I also grant to DPR and its licensees the unrestricted right to use and disclose my name in connection with use of the above materials.

I understand and agree that I will not be paid for any use described above.

I also waive, and release and discharge the State of California, DPR, its officers, employees and/or agents from, any and all claims arising out of or in connection with any use of the materials, caption information and images described above, including any and all claims for libel, defamation and/or invasion of privacy or publicity. I realize I cannot withdraw my consent after I sign this form and I realize this form is binding on me and my heirs, legal representatives and assigns.

SIGNATURE	PHONE NUMBER
▶	()
ADDRESS	CITY/STATE/ZIP CODE

IF THE ABOVE PERSON IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST COMPLETE THE FOLLOWING:

I am the parent or legal guardian of the person named above and I hereby sign this consent form on behalf such person in accordance with the statements above.

PARENT OR LEGAL GUARDIAN SIGNATURE	PRINTED NAME	PHONE NUMBER
▶		()
ADDRESS	CITY/STATE/ZIP CODE	

FOR DEPARTMENT USE ONLY

IMAGE NUMBERS

APPLICANT INFORMATION			
LAST NAME	FIRST NAME	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS	CITY	STATE	ZIP CODE
DAYTIME TELEPHONE	EVENING TELEPHONE		
CLASSIFICATION VIP, Volunteers In Parks Program	HIRING DEPARTMENT Parks and Recreation/North Bay District/Russian River Sector		

CONTACT INFORMATION	
NAME	TITLE District Personnel
LOCATION Russian River Sector, PO Box 123, Duncans Mills, CA	TELEPHONE 95430 (707) 865-2391

LIST OF ESSENTIAL FUNCTIONS

Enter list of essential functions of the job from current duty statement here or attach duty statement:

See Duty Statement

ACKNOWLEDGEMENT

I certify that the duties listed above represent the essential functions of the job and classification listed above

SUPERVISOR'S NAME	SUPERVISOR'S SIGNATURE	DATE
PERSONNEL OFFICER'S NAME	PERSONNEL OFFICER'S SIGNATURE	DATE

APPLICANT INFORMATION

I certify that I have read the essential functions of the job listed on page 1 and considering my current health status (please check on of the boxes below):

- I am able to perform all of the essential functions of the job without a need for reasonable accommodation.
- I am able to perform all the essential functions of the job, but will require reasonable accommodation (please describe your requested accommodation in the Reasonable Accommodation section below).
- I unable to perform one or more of the essential functions of the job, even with reasonable accommodation.
- I am not sure if I am able to perform one of more of the essential functions of the job I have identified the functional limitations that I believe may limit my ability to perform the essential functions of the hob in the Request For Essential Functions Evaluation section below.

REASONABLE ACCOMMODATION (If necessary, you may attach additional pages)

For each essential function of the job for which you require reasonable accommodation, please describe the reasonable accommodation you are requesting:

REQUEST FOR ESSENTIAL FUNCTIONS EVALUATIONS (If necessary, you may attach additional pages)

I am not sure whether I have a physical or mental limitation that may prevent or otherwise impair me from performing the essential functions of the job. Below I have listed the essential functions in question and my specific functional limitations that I believe may prevent or otherwise impair me from performing the listed essential functions of the job. I authorize the hiring authority, if necessary, to refer this information to the State Personnel Boards Medical Officer, or his /her delegated, to determine my ability to perform the essential functions of the job with or without reasonable accommodation.

ACKNOWLEDGMENT

I certify that the information I have provided concerning my ability to perform the essential functions of the job is true and complete to the best of my knowledge.

APPLICANT'S NAME (PRINT OR TYPE)

APPLICANT'S SIGNATURE

DATE

