

Channel Islands Boating Center
California State University, Channel Islands
3880 Bluefin Cir.
Oxnard, CA 93035
(805) 437-3212

Persons who, because of a special need or condition, would like to request an accommodation should contact Disability Resource Programs at (805) 437-3331 or email accommodations@csuci.edu as soon as possible, but no later than five business days before the event, so that appropriate arrangements can be made.

Please complete the following form and either email the application to josh.wade@csuci.edu or return the form to the Channel Islands Boating Center during business hours.

Volunteer Application

Date: _____

Please Print

Last Name First Name M.I.

Present Address

No. & Street City State Zip

Cell Phone Home Phone E-Mail Address

Volunteer Position

How did you learn about the Boating Center? _____

Position Desired: _____

Date Available to start _____

Specify days available (please circle): MON TUES WED THURS FRI SAT SUN

Time Available (please check): Morning 9:00 a.m.-1:00 p.m. ☐ Afternoon 1:00 p.m.-5:00 p.m. ☐

Have you ever volunteered for Channel Islands Boating Center before? ☐ Yes ☐ No

If yes, when _____

Personal Information

EMERGENCY CONTACT

Name: _____

Relationship: _____

Address: _____

Phone: _____

LANGUAGES

Fluent languages other than English:

Language _____ (please check all that apply): Read__ Speak__ Write__

Language _____ (please check all that apply): Read__ Speak__ Write__

Do you have any friends or relatives working for CSU Channel Island?

☐ Yes ☐ No

If yes, state name(s) and relationship:

Name

Relationship

Name

Relationship

Are you currently enrolled as a student at CSU Channel Islands?

☐ Yes ☐ No

Are you certified in CPR, First Aid, Lifeguarding, WFR, EMT? *(circle all that apply)*

If chosen, would you have a reliable means of transportation to and from work?

☐ Yes ☐ No

If chosen and you are under the age of 18, can you provide evidence of a valid work permit?

☐ Yes ☐ No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

☐ Yes ☐ No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment 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.)

Education and Training

School	Name and Location	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	City _____ State _____	Zip _____		
College/ University	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	City _____ State _____	Zip _____		

Certifications/ Specialized _____

Training _____

References for Volunteer Work

List below two persons not related to you who have knowledge of your work performance within the last three years that we may contact.

_____	_____	() -
First Name	Last Name	Telephone No.

_____	_____
Occupation	No. of Years Acquainted

_____	_____	() -
First Name	Last Name	Telephone No.

_____	_____
Occupation	No. of Years Acquainted

Experience, Training, Qualifications for Volunteer Work

What is your present or previous volunteer experience?

Do you have experience, training, qualifications or skills that you feel make you especially suited to volunteer within the Channel Islands Boating Center? If so, please explain:

Volunteer Agreement

1. As a volunteer, I understand that I am NOT EMPLOYED BY CSU Channel Islands and will earn no wages or benefits, and will not be entitled to unemployment insurance benefits upon the termination of this agreement or as a result of this service.
2. I am aware that participation as a volunteer may require periods of standing, lifting and carrying up to 25 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved
3. I authorize CSU Channel Islands to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer.
4. I understand that the materials and tools provided by CSU Channel Islands are and remain the property of CSU Channel Islands, and I agree to return these tools and any remaining materials to CSU Channel Islands at the end of my volunteer service.
5. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I AM SIGNING IT OF MY OWN FREE WILL.

Date

Printed Name

Volunteer Signature

Date

CSU Channel Islands Representative Printed Name

CSU Channel Islands Representative Signature