

Walden West Volunteer Agreement

15555 Sanborn Road Saratoga, CA 95070
Phone: (408) 573-3050 * website address: waldenwest.org

I, **(please print your name here)** _____ have received a copy of the Walden West Cabin Leader/Counselor Contract, and I understand that it is my responsibility to read and comply with the guidelines contained in it and any revisions made to it.

I understand and hereby agree to hold Walden West, its Board, Officers, employees, volunteers and agents, harmless for any loss, damage or injury sustained by me from any cause whatsoever, arising out of or in connection with volunteering at Walden West. I understand that any injury or illness arising out of and in the course of approved volunteer service may entitle me to workers' compensation benefits under the State of California Labor Code.

Volunteer's Signature: _____ Date: _____

(Please complete only if you drove a car to Walden West Center)

Driver's License or Government ID Number: _____ State Issued: _____ Expiration: _____

Vehicle information: Make/Model: _____ License plate: _____ Year: _____ Color: _____

COMPLETE THIS SECTION IF YOU ARE 18 OR OLDER.

To safeguard the children we serve, Walden West screens volunteer applicants 18 and older. ALL information is CONFIDENTIAL and will NOT be shared.

I certify under penalty of perjury and in conformance with Education Code 35021 that I am not required to register as a sex offender pursuant to Penal Code 290 and to the best of my knowledge, all information in this agreement and in any other forms I complete during the volunteer activity is true and correct. I understand that false or misleading statements made by me or consequential omissions of any kind are sufficient cause for my not being accepted as a volunteer or for my being dismissed if I am already a volunteer no matter when discovered. I agree that Walden West may at any time, at its sole discretion, terminate my services. I authorize Walden West to investigate all of the information contained in this application and understand that a Megan's Law registered sex offender search will be conducted.

(Please Print) _____ Date: _____

Volunteer's name _____ Telephone number: _____

Date of birth (example: 4-25-87): _____ - _____ - _____ Volunteer's signature: _____

Address: _____ City: _____ Zip: _____

OFFICE USE ONLY			
Final approval will be given after the Contract, Agreement, and Megan's Law check is completed			
Megan's Law cleared:	Date: _____	Start Date: _____	End Date: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Attended Orientation:	Reviewed by: _____		
<input type="checkbox"/> Yes (date) _____	<input type="checkbox"/> No		



Charles Weis, Ph.D.
County Superintendent of Schools
A Champion for Children, Schools, and Community

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