



**RIVERSIDE COUNTY REGIONAL PARK  
AND OPEN SPACE DISTRICT**

4600 Crestmore Road  
Jurupa Valley, CA 92509  
(951) 955-4310 | Fax: (951) 955-6671  
[volunteers@rivcoparks.org](mailto:volunteers@rivcoparks.org)  
[www.RivCoParks.org](http://www.RivCoParks.org)

**VOLUNTEER SERVICES PROGRAM**  
**Volunteer Assignment Acknowledgement Form**

*Submit this form and direct any questions you have about volunteering to the Human Resources/Volunteer Services:  
Deborah Newell (951) 955-2264 or Lori Norris (951) 955-4332.*

**SECTION 1 – COUNTY DEPARTMENT INFORMATION**

<b>County Department Name</b> Regional Park and Open-Space District	<b>Department Division/Office/Program</b> Volunteer Services Program	<b>Date</b>
<b>Volunteer's Name</b>	<b>Volunteer Assignment Title or Description</b>	
<b>Volunteer Assignment Location</b>	<b>Volunteer's Email</b>	<b>Volunteer's Phone</b>

**SECTION 2 – VOLUNTEER ACKNOWLEDGMENT**

As a volunteer, I acknowledge, understand and agree to the following:

- A "volunteer" means a person who performs authorized voluntary service to County of Riverside, or a department, institution or agency thereof, without pay, for the benefit of the County and in aid of a recognized County purpose. A volunteer is not an employee and may be released at any time, without cause or reason, and without right of appeal.
- I may not volunteer while my ability to perform my duties is impaired due to alcohol or drug use. I may not use or possess controlled substances at any time or use alcohol while on duty or on County property. If taking medication which may affect my performance of duties, I must report this to the County department/ agency's volunteer coordinator/program manager before beginning my assignment.
- I will not disclose at any time confidential information to which I have access during my assignment as a volunteer with the County of Riverside. This information includes, but is not limited to, medical records or files, vital records, and statistics. I will also strictly protect the confidentiality of all County employee/ personnel information to which I have access. I am required by State and/or Federal law to maintain confidentiality and that failure to uphold this requirement may result in immediate release.
- In the event of a volunteer assignment-related injury or illness, it is my responsibility to notify my volunteer assignment supervisor immediately. If my volunteer assignment supervisor is unavailable, I will contact the County department/agency's volunteer coordinator/program manager to report my volunteer assignment - related injury or illness.
- Prior to driving my personal vehicle or a County vehicle during volunteer assignment hours, I must contact my volunteer assignment supervisor for approval. I will need to complete the "Authorization to Drive" form and also provide a current DMV printout, my unexpired drivers' license and proof of automobile insurance. While driving my own personal vehicle my auto insurance shall be primary while in the course and scope of my assignment with the County of Riverside.
- My failure to report to a scheduled volunteer assignment without contacting my assignment supervisor may result in immediate release.
- I agree to act appropriately and in a professional, courteous manner during my participation in District programs and events. I will not misuse public facilities, property or materials. I am fully and solely responsible for any and all loss or damage that I inflict upon any person or upon the public facilities during my participation, and I will compensate the District for any loss sustained as a consequence of my negligence, reckless behavior, or omission.

**MEDIA RELEASE:**

By signing this form, I hereby grant the County of Riverside permission to make video recordings, audio recordings, take still photographs of me or use statements I make for purposes of marketing, recruitment or any other purpose deemed suitable to the County of Riverside.

I acknowledge the County of Riverside's ownership of any edited program, marketing project, advertisement, etc. and all its constituent elements (photos, video footage, sound tracks, etc.) which include my statements, name or image. I hereby license the County of Riverside, for any purpose, to exhibit photos via any medium, including but not limited to, television broadcast, cablecast, closed-circuit showing, Internet, print and distribution on videocassette.

I license the County of Riverside to use any and all said recordings, statements, photos and videos of me. I hereby renounce any form of compensation, now or in the future, for my participation or performance.

**VOLUNTEER INSURANCE PROGRAM:**

I have also read and understand the information provided to me on the Volunteer Insurance Program. I understand the County of Riverside does not provide Workers' Compensation Insurance to volunteers.

I understand the County of Riverside provides liability insurance while in the course and scope of the volunteer's activity/responsibility except, but not limited to, the following:

- Willful, wanton acts.
- Abuse, sexual abuse, assault and battery.
- Acts/activities not within the course and scope of the volunteers' activities/responsibilities.

I also understand that if I have further questions regarding the Volunteer Insurance Program, I may contact the Human Resources Department's Risk Management Division by phone, (951) 955-3540, or by mail at P.O. Box 1120, Riverside, CA 92502-1120.

**PARKING:**

Additionally, I know that volunteers are to park their private vehicles in the Public Parking areas at all County Facilities and that the County of Riverside is not responsible for the payment of fines resulting from parking in County employee's parking spaces per the County of Riverside's Administrative Policy.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Name Printed**

If participation/performance is by a minor (under age 18): "I guarantee participation/performance of this agreement by my child."

\_\_\_\_\_  
**Parent/Guardian Signature (for minor applicants)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Name Printed**