



# Lions Wilderness camp for Deaf Children, Inc

P.O. Box 8 Roseville, CA 95661

[info@lionswildcamp.org](mailto:info@lionswildcamp.org)

## Volunteer Staff Agreement

This agreement is between \_\_\_\_\_

and Lions Wilderness Camp for Deaf Children, Inc. (LWC)

### Volunteer Status Acknowledgment

I understand that, as a volunteer, I am in no way, shape or form an employee of LWC. I understand and agree that I will not receive any compensation or benefit for my participation in volunteer activities, nor will I be eligible for any coverage under the Workers' Compensation laws of California.

I hereby acknowledge and agree that participation in volunteer activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with volunteer activity participation, including but in no way limited to: (1) slips, trips, and falls, (2) lifting injuries, (3) athletic injuries, and (4) illness, including exposure to or infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with volunteer participation and that said list in no way limits the operation of this Agreement.

### Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in LWC programs or accessing LWC facilities could increase the risk of contracting COVID-19. LWC in no way warrants that COVID-19 infection will not occur through participation in LWC programs or accessing LWC facilities.

Initial \_\_\_\_\_

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation as a volunteer with LWC, I, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE LWC, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against LWC on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of LWC facilities/equipment or participation in LWC programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of my participation in volunteer activities, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation in volunteer activities.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in participation in volunteer activities and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in volunteer activities and that by signing this agreement I HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in volunteer activities.

I understand I am required to submit a completed online Health History Form stating I am physically able to attend, have been vaccinated for COVID 19 and able to work at camp. A physical exam is not required.

LWC is required to conduct annual background checks. If completed for a prior year and is still on record with Camp Administration no reapplication is required, otherwise I will need to submit the form for a DOJ Livescan fingerprint check. I also need to submit the Annual Voluntary Disclosure Statement.

By my signature I am stating that I have read the above document, understand the policies, and agree to the terms herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the LWC Camp Director at sign in; mail / email to address above.

**Voluntary Disclosure Statement**  
**All Camp Staff**

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_  
Street Address City State Zip

Social Security # \_\_\_\_\_ Other names by which known (e.g., maiden name) \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone (if applicable) \_\_\_\_\_

Cell phone (optional) \_\_\_\_\_ E-mail address (optional) \_\_\_\_\_

School or College \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

1. Previous residence(s) for last five years (include college and home residences):

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

(Continue on separate sheet, if necessary.)

2. Have you ever been arrested or convicted of any crime relating in any manner to children and/or your conduct with them?

Yes  No

**If yes, please explain in remarks.**

3. Have you ever been arrested or convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?

Yes  No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes.

**If yes, please explain in remarks.**

4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

Yes  No

**If yes, please explain in remarks.**

5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?

Yes  No

**If yes, please explain in remarks.**

6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?

Yes  No

**If yes, please explain in remarks.**





## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name  
(AKA or Alias) Last

First

Suffix

Date of Birth Sex  Male  Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing  
Number

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc.  
Number

(Other Identification Number)

Home  
Address Street Address or P.O. Box

City State ZIP Code

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

### Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed