APPLICATION PACKET
Paquete de Aplicación

Volunteer
Voluntario

Please return this signed application to the Sheriff's Activities League Coordinator at your local Sub-Station.
Por favor devuelva la aplicación con firma a el Coordinador del SAL en su estacion local.

SAL Volunteer Applicant Name_____

(Nombre de Solicitante Voluntario)

Thank you for considering the Kern County Sheriff's Activities League as the place you would like to share your time and talent. There are many ways we can use volunteers. Please let us know in what areas you would like to participate as a SAL volunteer. *(Gracias por considerar la Liga de actividades del Sheriff del Condado de Kern como el lugar que le gustaría compartir su tiempo y talento. Hay muchas maneras en que podemos usar voluntarios. Por favor, háganos saber en qué áreas le gustaría participar como voluntario de SAL.)*

Seasonal Volunteering *(Voluntario Estacional)*

_____ Sports referee, i.e. Soccer (*árbitro de deportes, i.e. el fútbol)*
_____ Sports coaching *(Entrenador de deportes)*
_____ Coaching assistant *(Assistante al Entrenador)*
_____ Equipment set-up, take down *(configurar y quitar el equipo)*
_____ Inventory equipment *(Inventario del equipo)*
_____ Scorekeeper (*Mantenimento de resultados)*
_____ Other *(Otro*) _____

Weekly Volunteering Programs: One Day a Week Commitment *(Programas de Voluntariado semanales: Compromiso de una vez por semana)*

_____Tutoring- Giving individual homework assistance to children *(Tutoria- ayuda con la tarea)*
_____ Safe Haven—An after-school drop in program involving supervising safe, open play games and sports with children (*Supervisión después de la escuela de juegos y deportes)*
_____ Art Classes – Arts & Crafts skills preferred *(Clases de arte- habilidades preferido)*
_____ Daily attendance monitoring *(Ayuda con la asistencia diaria)*
_____ Other*(Otro*) _____

Monthly Volunteering

_____ Board of Directors *(La Mesa Directiva)*
_____ Food sales *(Venta de alimentos)*
_____ Clerical help *(Ayuda Administrativa)*
_____ Fundraisers *(recaudación de fondos)*
_____ Speaker *(Orador)*
_____ Other *(Otro)*_____

Once a Year

_____ Field trip chaperones *(acompañante para viajes)*
_____ Other*(Otro*) _____

_____

VOLUNTEER GUIDELINES

AGE REQUIREMENT (*Requisito de Edad*)

The minimum age requirement to be a SAL volunteer is 25 years old. (*La edad mínima para ser voluntario de SAL es 25 años.)*

APPEARANCE (*Su Aspecto*)
All Sheriff's Activity League (SAL) Volunteers must be neat and clean in appearance at all times. Hair must be groomed; beards and mustaches must be neat and well-trimmed. If an activity is planned where there is a possibility of ruining good clothes, it is the volunteer's responsibility to bring in an apron or other protective over-garment. (*Todos los voluntarios de la Liga de actividad del Sheriff (SAL) deben ser limpios y ordenados en apariencia en todo momento. El pelo debe ser arreglado; barbas y bigotes deben estar limpios y bien recortados. Si se planea una actividad donde existe la posibilidad de arruinar la ropa buena, es responsabilidad del voluntario traer un delantal o otra prenda protectora.)*

UNIFORM(*Uniforme*)
For certain activities, the official SAL volunteer shirt must be worn at all times while on duty. Shoes must be worn at all times. Shorts and jeans without holesor patches may be worn if neat. Skimpy attire of any type is considered inappropriate. Be neat, clean, in uniform and wear shoes while volunteering. *(Para ciertas actividades, la camisa oficial voluntaria de SAL debe ser usada en todo momento mientras esté de servicio. Los zapatos deben ser usados en todo momento. Pantalones cortos y jeans sin agujeros o parches pueden ser usados si aseado. Ropa reveladora de cualquier tipo es inapropiada. Sea ordenado, limpio, en uniforme y use zapatos mientras el voluntariado.)*

PUBLIC RELATIONS (*Relaciones Públicas*)
When dealing with the public, always conduct yourself in a courteous and helpful manner. It is your responsibility to learn about all programs offered by the Sheriff's Activities League so accurate information can be given. Remember, as a volunteer for the Kern County Sheriff's Activities League, you represent the Sheriff's Department to everyone with whom you come into contact. Should a situation arise that you are unable to handle in a tactful and courteous manner, refer the person or persons involved to the SAL Officer or Director. (*Cuando se trata con el público, siempre compórtese en una manera cortés y servicial. Es su responsabilidad aprender acerca de todos los programas ofrecidos por la Liga de Actividades del Sheriff por lo que se puede dar información precisa. Recuerde, como voluntario para la Liga de Actividades del Sheriff del Condado de Kern, usted representa al Departamento del Sheriff a todos con quienes usted entra en contacto. Si surge una situación que usted no puede manejar de una manera discreta y cortés, refiera a la persona a un Oficial o Director de SAL.)*

TARDINESS (*Tardanza*)
Tardiness on the volunteer's part which results in a delayed start time for a program is poor public relations. If a volunteer is unable to report to their assigned area at the assigned time, it is their responsibility to notify their immediate supervisor as early as possible. Continued tardiness or tardiness without notification will result in exclusion as a volunteer. (*La tardanza en la parte del voluntario que resulta en un tiempo de inicio retrasado para un programa es malas relaciones públicas. Si un voluntario no puede reportar a su área asignada a la hora asignada, es su responsabilidad notificar a su supervisor inmediato lo mas antes posible. La continuación de la tardanza o la tardanza sin notificación resultará en la exclusión como voluntario.)*

ABSENCE (A*usencia*)
It is the volunteer's responsibility to notify your immediate supervisor if you are going to be absent from your assigned hours. If you are ill, contact the Program Coordinator of SAL immediately. Continued and unexcused absences will result in exclusion as a volunteer. (*Es responsabilidad del voluntario notificar a su supervisor inmediato si usted va a estar ausente de sus horas asignadas. Si está enfermo, comuníquese inmediatamente con el Coordinador del programa de SAL. Las ausencias seguidas y injustificadas resultarán en exclusión como voluntario.)*

BEHAVIOR (*Comportamiento)*
The SAL participants look upon you as a role model. Therefore, all volunteers should conduct themselves in an appropriate and professional manner. There should be no inappropriate language, gestures or conversations while in or around the SAL Center. Public displays of congratulations and greetings as demonstrated in hugs, pats on the back, high-fives, etc. are acceptable. Private displays of affection, touching, or lack of respect for boundaries are strictly prohibited. (*Los participantes de la SAL te miran como un modelo a seguir. Por lo tanto, todos los voluntarios deben conducirse de una manera apropiada y profesional. No debe haber lenguaje inapropiado, gestos o conversaciones mientras se encuentra en o alrededor del centro de SAL. Se aceptan exhibiciones públicas de felicitaciones y saludos como se demuestra en abrazos, palmadas en la espalda, alta-cinco, etc. Privado muestra de afecto, caricias, o la falta de respeto de las fronteras están estrictamente prohibidas.)*

Applicant's Signature (*Firma de Soilictante*)_____

Today's Date (*Fecha*) _____

VOLUNTEER APPLICATION (**Aplicación del Voluntario)**

_____ □ M □ F

Last Name *(Apellido)* First Name *(Nombre)* MI

_____ _____ _____ _____

Address *(Domicilio)* City *(Ciudad)* State (*Esdado)* Zip *(Código Postal)*

_____ _____ _____

Home Phone (*Teléfono de casa*) Work Phone (*Teléfono del trabajo)* Emergency Phone (*Teléfono de Emergencia)*

Email (*Correo electrónico*): _____

Driver's License Number(*Número de Licencia de Manejar*):_____State(*Estado*)_____
Exp. Date(*Fecha de Expiración)* _____

Social Security Number(N*úmero de Seguro Social):*_____Birth Date: _____

Have or subject to any of the following *(Indique cuáles de las siguientes has experimentado)*(Circle if Yes)
Asthma (*Asma*) Fainting Spells (*Desmayos*) Convulsions (*Convulsiónes*) Heart Trouble (*Problemas de corazón*) Diabetes

LISTANY MEDICAL PROBLEMS OR PROHIBITION APPLICANT HAS (*CUALQUIER PROBLEMA MÉDICO O PROHIBICIÓN QUE TIENE:*

_____

_____

MEDICATIONS (*Medicamentos*):

_____

_____ _____

Signature (*Firma*) **Date (*Fecha*)**

***1.* Have you ever been convicted of a crime of violence, a crime against a person, a crime against property, or a felony (¿Alguna vez ha sido condenado por un crimen de violencia, un crimen contra una persona, un crimen contra la propiedad o un delito grave?□ Yes (Si) □ No**
If yes, please use the next page to provide a fully detailed account, including charges filed, convictions, sentence and date. (*Si la respuesta es sí, por favor, utilice la página siguiente para proporcionar un informe detallado, incluyendo los cargos presentados, las convicciones, la condena y la fecha* Si.)

2.* In the past 10 years, have you used illegal drugs?(*En los últimos 10 años, ¿has usado drogas ilegales?)
□ Yes(Si) □ No

3.* Other than the above, is there any fact or circumstance that would call into question your being entrusted with the supervision, guidance and care of a minor*? (Aparte de lo anterior, ¿Existe algún hecho o circunstancia que que pondría en duda la confianza de su supervisión, dirección y cuidado de un menor) □ Yes(Si) □ No

If you answered Yes to Question #1 on the Volunteer Application, please explain here:
Si contestó Sí a la pregunta #1 en la Aplicación del Voluntario, por favor explique aquí:

_____

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Signature (Firma) ***Date(Fecha)***

PARTICIPANT WAIVERS (*Renuncias De Participantes*)

***** VIDEO RELEASE*** Permiso de Soltar Vídeo *****

I understand that during the Sheriff's Activities League programs and/or activities, my photograph and/or the photograph of my child may be taken by the Sheriff's Activities League, producers, sponsors, organizers, and or assigns. I agree that my photograph and/or the photograph of my child, including video photography, film photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by the Sheriff's Activities League, producers, sponsors, organizers, and/or it's assigns for such purposes as they deem appropriate. (*Entiendo que durante los programas Sheriff's Activities League y/o actividades, mi fotografía y/o la fotografía de mi hijo pueden ser tomadas por Liga de Actividades del Sheriff, productores, patrocinadores, organizadores, y o asignan. Estoy de acuerdo que mi fotografía y/o la fotografía de mi hijo, incluso la fotografía de vídeo, fotografía de la película, u otra reproducción de mi semejanza o la semejanza de mi hijo, pueden ser usadas sin el precio por Liga de Actividades del Sheriff, productores, patrocinadores, organizadores*

Signature (Firma) ***Date(Fecha)***

*****VOLUNTEER AUTHORIZATION (*Autorización Del Voluntario)*****

In consideration of being permitted to participate in the Kern County Sheriff's Activities League (hereinafter SAL), the undersigned, for himself/herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he/she has voluntarily undertaken the services involved in the SAL program and the undersigned hereby releases, waives, discharges and covenants not to sue the County of Kern, SAL, their officials, officers, employees or agents from all liability to the undersigned, his/her personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands thereof on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the County of Kern, SAL, or otherwise while the undersigned is participating in the SAL program.

The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of the County of Kern, SAL, or otherwise while participating in the SAL Program. The undersigned further expressly agrees the foregoing release and waiver of liability is intended to be as broad and inclusive as is permitted by the Law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance, notwithstanding, continue in full force and effect.

The undersigned has read and voluntarily signs the release and waiver of liability, and further agrees no oral representations, statements or inducements apart from this written agreement have been made.

Signature (Firma) ***Date (Fecha)***