



**PACIFIC
CREST**

Volunteer Handbook Acknowledgement

By signing below, I acknowledge that I have read Pacific Crest Volunteer Handbook and agree to abide by the policies therein.

Print Name: _____

Signature: _____ Date: _____

Email Address: _____

Phone: _____

Pacific Crest Volunteer Handbook

Attachments – Forms must be completed each year. The following documents must be completed and accompany this signed document for entry into file.

1. **Volunteer Hold Harmless and Indemnity Agreement:** This form is required if you will be helping with the corps at any time.
2. **Volunteer Background Authorization:** Used for understanding the background history of all volunteers who work with Pacific Crest.
3. **Medical History Form:** These forms are only required if you will be staying overnight with the corps.

Please return all forms to:

Pacific Crest Youth Arts Organization
PO Box 5409
Diamond Bar, CA 91765
Email: info@pacific-crest.org



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PACIFIC CREST VOLUNTEER HOLD HARMLESS AND INDEMNITY AGREEMENT

I, the undersigned volunteer, understand that I am not an employee of Pacific Crest Drum and Bugle corps, and that I am acting in the capacity of an independent contractor and I am therefore not covered under Worker’s Compensation. Pacific Crest Youth Arts Organization shall not be obligated to any person, firm, or corporation for any acts arising from the performance of my volunteer duties.

I agree that I will be solely responsible for all of my own actions and for any injuries I may receive while serving as a volunteer for Pacific Crest. Accordingly, I hereby agree to indemnify and hold Pacific Crest harmless of and from all damages to property, medical expenses or personal injuries I may incur or sustain while volunteering for Pacific Crest. I do further agree to indemnify and hold Pacific Crest harmless of and from any and all claims, demand, suits, damages, costs, losses, expenses, actions, or proceedings of any kind of nature whatsoever arising during my volunteer activities.

Volunteer Name (please print): _____

Address: _____

City/State/Zip: _____

Date: _____

Signature: _____

Witness (please print): _____

Signature: _____

**Pacific Crest Youth Arts Organization
Authorization for Criminal History Record Check**

I, _____ (print your name), hereby authorize Pacific Crest Youth Arts Organization (“Pacific Crest”) to obtain information pertaining to any criminal charges currently pending and/or convictions I have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding, and convictions for crimes committed upon minors. I understand that this information will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records. I

The consumer and/or investigative consumer report(s) will be obtained from IntelliCorp Records, Inc., 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; 1-888-946-8355. Intellicorp’s information and privacy policy can be found at www.intellicorp.net.

I have been given a separate notice of my rights (see final page of this document) under the California Investigative Consumer Reporting Agencies Act. I understand that I will be entitled to copies of the record and be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency to correct any inaccurate record. I further understand that until [insert name of nonprofit] receives notification from that agency correcting any inaccuracies any employment or volunteer assignment will be deferred.

As an applicant for a staff/volunteer position, I hereby attest to the truthfulness of the representations I have made regarding my criminal history, if any. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any criminal misdemeanor or felony. I understand that I do not have to disclose any sealed or expunged conviction records.

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the position for which I am making application or, if already accepted, terminated from my position. I understand that conviction records are not an automatic bar to employment and will be reviewed based on their number, nature and recentness to determine suitability for the position.

SIGNATURE OF APPLICANT _____ DATE _____

Applicant – Note that there is a second section for you to complete on the next page.

A Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22

The Investigative Consumer Reporting Agencies Act (ICRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). You can find the complete text of the ICRA, at the California Privacy Protection web site (<http://www.privacy.ca.gov/icraa.htm>). The ICRA gives you specific rights, as outlined below. You may have additional rights under federal law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

Civil Code Section 1786.22.

- a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
 - 1) In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
 - 2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
 - 3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.
- d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.
- e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.



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VOLUNTEER MEDICAL HISTORY AND RELEASE FORM

Please print all information legibly. Thank you!

Date Form Completed: _____

Name: _____ Age: _____ Birth Date: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) ____-____ Home Phone: (____) ____-____

Primary Email: _____

Volunteer Section: Cooking___ Uniforms___ Staff___ Driver___ Souvies___ Other___

Emergency Contact Information (other than person listed above):

Name: _____ Relationship: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Insurance / Physician Information:

Person Carrying Insurance: _____ Relationship: _____

Doctor's Name: _____ Insurance Provider: _____

Doctor's Phone: (____) ____ - ____ Group Number: _____

Name of Hospital or Clinic: _____

City: _____ State: _____ Zip: _____

VOLUNTEER MEDICAL HISTORY AND RELEASE FORM (PAGE 2)

If medical attention were necessary while on tour with Pacific Crest, what information would a medical team need to understand about you and your medical health in the past 12 months or more?

Date of last Tetanus _____

Place an (X) in the box in front of any of these items that you CANNOT USE.

ASPIRIN IBUPROFEN SULFA DRUGS PENICILLIN LATEX

Do you have any allergies to other drugs/ medications (name of drug) List below:

Any other allergies (food, pollen, etc) List below:

List below any over-the-counter or prescription medications and/or herbal supplements which you take:

Medicine: _____ Dose: _____

Medicine: _____ Dose: _____

Medicine: _____ Dose: _____



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EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned, do hereby consent and authorize any duly authorized doctor, emergency medical technician, hospital or other medical facility to treat or attempt to treat me for any injuries received by me while I participate in any activity of the Corps. I further authorize any licensed physician to perform any procedure that he or she deems advisable in attempting to relieve or treat any injuries or any related unhealthy condition in me that might be encountered during any necessary procedure or operation.

I further consent to the administration of any anesthesia as deemed advisable by any licensed physician, and do hereby further authorize any x-ray examination, medical or surgical diagnosis or treatment, and hospital care to be rendered to me under the general or special supervision and on the advice of a licensed physician, surgeon, anesthesiologist, dentist or other qualified person acting under their supervision.

I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment and assume any such risk as stated herein. Any medical or prescription costs not covered by insurance are the sole responsibility of the undersigned. Any medical or prescription costs paid by the Corps will be billed to me to be reimbursed to Pacific Crest Youth Arts Organization at a later date.

The undersigned expressly acknowledges and agrees to the terms of this form. No oral representations, statements or inducements apart from the foregoing written provisions have been made. All personal information provided by the undersigned in this form is said to be true to the best of their knowledge.

I have read, understood, and voluntarily signed this release:

Print Full Name: _____

Signature: _____ Date: _____