



Employee/Applicant/Volunteer Intake Checklist

The following steps must be followed prior to any person participating in GOALS programs from any aspect of coaching, teaching, tutoring, chaperoning, and mentoring at any level including collegiate interns, volunteers or prospective employees through application.

GOALS will typically only accept volunteers or candidates for internships who are high school graduates and prefer those either in college, with college degrees and/or who have post-college experience.

- ✓ **The candidate (employee/volunteer) must interview with at least 2 senior GOALS staff members.**
- ✓ **The GOALS employee/volunteer interest form must be completed in entirety.**
- ✓ **A copy of an applicant drivers' license must be attached.**
- ✓ **A "Live Scan" request form must be picked up at the GOALS office**
- ✓ **The "Live Scan" request form must be completed and taken to the recommended approved location.**
- ✓ **Turn in the "request for Live Scan" form with authorized signatures back to the GOALS office.**
- ✓ **Approval of GOALS service is subject to the report issued to GOALS.**
- ✓ **The GOALS consent, indemnification & release agreement must be signed and submitted.**
- ✓ **A TB test must be taken and passed if directly working/volunteering at any GOALS school based locations.**
- ✓ **The candidate must read and understand select GOALS program literature and select training documents as recommended by the California Association of Not-For-Profits and others as assigned by the Executive Director of GOALS.**

Growth Opportunities through Athletics, Learning & Service

1170 N. La Palma Parkway Anaheim, CA 92801 Tel. 714-956-4625 www.goals.org



Growth Opportunities through Athletics Learning & Service Volunteer/Sponsorship Interest Form

Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-Mail Address: _____

Place of Work: _____

Position/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of years at company: _____ Social Security Number: _____

Date of Birth: _____ CA Drivers License #: _____

Please attach proof of auto insurance.

Type of volunteer work you are interested in (circle as many as you wish):

<u>ATHLETICS</u>	<u>LEARNING</u>	<u>SERVICE</u>	<u>FUNDRAISING</u>	<u>Other</u>
Coaching, Instructing	Teacher	Community Service	Grant Writing	Administration
Ice Hockey	Tutor	Chaperone	Special Projects	Computer Work
Roller Hockey	Mentor	GOALS Cadets	Special Events	Repairs
Street Hockey		City Pride		Equipment Bank
Field Hockey				

Availability (circle all that apply): Weekday: Mornings Afternoon Evenings

Weekends: Mornings Afternoon Evenings

Volunteer Experience (please include organization name, dates and contact person at the organization):

For more information or to submit Interest Form contact us at:

GOALS

1170 N. La Palma Parkway

Anaheim, CA 92801

Tel: (714) 956-4625

Fax: (714) 533-2806

www.goals.org



Name of Volunteer: _____
(OFFICE USE ONLY)

CONSENT, INDEMNIFICATION AND RELEASE AGREEMENT (FOR VOLUNTEER)

I understand that GOALS is a nonprofit, charitable organization. It does not have the financial resources of a business company and cannot afford to operate its program if its limited resources are threatened by lawsuits. Its success depends on a certain amount of accommodation and understanding by its participants and volunteers. I THEREFORE AGREE TO ASSUME THE RESPONSIBILITY FOR MY PARTICIPATION AS A VOLUNTEER FOR GOALS, AS REFLECTED IN THIS AGREEMENT.

FOR AND IN CONSIDERATION of my participation in and use of any of the programs, premises, facilities, equipment and vehicles of GOALS as a volunteer (collectively, "participation"), to the fullest extent permitted by applicable laws I DO HEREBY agree as follows:

1. My participation in any GOALS program means that I have inspected it to the extent I believe is necessary for careful consideration and that, although I ACKNOWLEDGE THAT THERE MAY BE A RISK OF SERIOUS INJURY (KNOWN OR UNKNOWN), WHICH MAY INCLUDE PERMANENT DISABILITY OR PARALYSIS, OR DEATH, IN ANY GOALS PROGRAM. I have determined that participation is reasonably safe for me.
2. I ASSUME FULL RESPONSIBILITY FOR, AND ALL RISK OF, any bodily injury, death or property damage that I may suffer for any reason due to my participation in any GOALS program.
3. If I become injured or ill while participating as a volunteer for GOALS, I hereby authorize GOALS to administer, or cause and consent to the administration of, whatever first aid, Medicare, dental care or other treatment and medications as may be necessary under the circumstances, including treatment by physician, dentist, or hospital. Although I hereby acknowledge that GOALS does not endorse the services of any physician or hospital that may treat me.
4. I RELEASE AND AGREE TO IDEMNIFY AND HOLD HARMLESS GOALS and its officers, directors, employees and agents, as well as any other persons or entities whose premises, facilities, equipment or vehicles are used by GOALS for its program (collectively, "GOALS"), of and from any and all claims, causes of action, damages, liabilities or expenses (collectively, "Claims"), known or unknown, exciting now or in the future, that I may now or hereafter have against GOALS, arising in any way out of my participation in any GOALS program, and regardless of any fault or negligence on the part of GOALS.
5. I HEREBY EXPRESSLY WAIVE AND RELINQUISH ALL RIGHT AND BENEFITS AFFORDED BY CALIFORNIA CIVIL CODE SECTION 1542 and do so understanding and acknowledging the significance of this specific waiver of Section 1542. Section 1542 states as follows:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMNS WHICH THE CREDITOR DOES NOT KNOWN OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.
6. I ACKNOWLEDGE THAT NO RESPONSIBILITY OR LIABILITY EXISTS for GOALS or its programs, AND I COVENANT NOT TO SUE any of the GOALS programs entities, officers, directors, employees or agents, AND TO IDEMNIFY AND HOLD THEM ALL HARMLESS from any Claims arising in any way out of my participation in any GOALS program.
7. I have carefully read this agreement, and I know and understand what it means. My signature below is my own free act, and I intent it to be legally binding on me. This agreement constitutes the entire understanding between GOALS and myself regarding the subject matter hereof and supersedes any prior statements, agreements or representations, whether written or oral, regarding that subject matter.

Signature: _____

Date: _____

Print Name: _____



Live Scan Fingerprinting Procedures

GOALS institutes a “request for authorization to receive summary of criminal history information” form to the Department of Justice as a part of a standard background check. GOALS requires all employees, volunteers and interns to get a Live Scan fingerprinting done. Live Scan fingerprinting is done at any police department, usually on an appointment basis. There is a cost to fingerprinting; this fee is covered by the applicant (employee/volunteer/intern). The background checks are mandatory for our participation at area schools and community sites; therefore we require employees, volunteers and interns to complete Live Scan fingerprinting. The applicant will need to pick up a “Request for Live Scan Service” form at the GOALS headquarters from Grace Cardona or Iraj Dowlathshahi. The information will be submitted to the Department of Justice for approval. If you have any questions please direct them to Iraj Dowlathshahi at GOALS Headquarters, (714) 956-4625.

Procedure

You can get Live Scan fingerprinting done at any police department. Two police departments that are nearby are the Anaheim and Fullerton Police Departments.

1. Schedule an appointment:

- a. To schedule an appointment at the Anaheim Police Department you can call (714) 765-1997 ext. 0. Hours of Operation for the Front Counter are Sun-Thurs 7:00 am to 10:00 pm, and Fri-Sat 7:00 am to Midnight. It is located at 425 S. Harbor Blvd. in Anaheim.
- b. To schedule an appointment at the Fullerton Police Department you can call (714) 738-5374. They schedule fingerprinting every 15 minutes and usually during normal business hours, and occasionally include extended hours. It is located at 237 West Commonwealth Avenue, Fullerton.

2. Be sure to bring valid identification that includes your photograph to the police department.

3. Also bring the completed “Request for Live Scan Service” form with you.

4. Complete the Live Scan fingerprinting.

- a. The fee is \$12 at the Anaheim Police Department.
- b. The fee is \$20 at the Fullerton Police Department.