



**Onboarding Packet**  
**California State Parks - Volunteers in Parks Program (VIPP)**  
**In partnerships with Stewards of the Coast and Redwoods**



On behalf of California State Parks and Stewards of the Coast and Redwoods (Stewards), thank you for your interest in becoming a volunteer! Volunteers are vital to all our parks. In the redwoods and along the coast, volunteering gives people with fresh ideas and energy the opportunity to help support their local parks. All are welcome to volunteer. To become a volunteer, please complete the checklist and paperwork below. We acknowledge the requirements not modest and hope you find the reward of a newfound avocation well worth it! We are here to help. If you have any questions, please contact [stewards@stewardscr.org](mailto:stewards@stewardscr.org) or [Schall.Amelia@parks.ca.gov](mailto:Schall.Amelia@parks.ca.gov) for support.

- Sign-up** for the email newsletter for biweekly news and information from Stewards:  
[Newsletter Sign-up](#)
  1. Create a user log-in (found in the upper right-hand corner): [Log-in](#)
- Contact** Stewards for a brief phone call at (707) 869-9177 to discuss your volunteer interests
  1. We will connect you with a volunteer program lead based on your interest
- Fill out and sign\*** the required paperwork enclosed below:
  1. California State Parks Volunteer Application
  2. Volunteer Registration Packet
  3. Volunteer COVID-19 Agreement
  4. Vaccination verification/status
- Complete** a Duty Statement for the program you wish to volunteer for: [Volunteer Forms](#)
- Email** required paperwork and Duty Statement to [Schall.Amelia@parks.ca.gov](mailto:Schall.Amelia@parks.ca.gov) or send to ATTN: Amelia Schall, Sonoma-Mendocino Coast District Office, 12301 N Highway 1, Box 1, Mendocino, CA 95460. Please include this cover page with checks marked as of submission date
- Attend** a New Volunteer Orientation, or watch a recording of the most recent orientation: [Orientations and Trainings](#)
  1. Complete any program-specific training, if required by your volunteer program lead
- Register** on the Volunteer Portal (Better Impact) that California State Parks uses to manage volunteers and record hours: [Volunteer Portal Sign-up](#)
  1. Review and complete Equal Employment Opportunity Training after logging in:  
[Bear in Mind - The Fundamentals of Awareness](#)
- Preview** our list of Upcoming Events and programs: [Events & Programs](#)
- Explore** the volunteer resources page: [Volunteer Resources](#)

Updated January 2022

\*We are glad to offer support to help you sign the paperwork digitally.



## CALIFORNIA STATE PARKS VOLUNTEER APPLICATION

NAME (First, MI, Last)	PHONE NO.	ALTERNATE PHONE NO.	EMAIL ADDRESS
STREET ADDRESS		CITY/STATE/ZIP CODE	
HAVE YOU LIVED OUTSIDE OF CALIFORNIA WITHIN THE LAST THREE YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF UNDER AGE 18, PROVIDE NAME, ADDRESS AND PHONE NO. OF PARENT OR GUARDIAN, OR IF AN EMANCIPATED MINOR, PLEASE STATE:			
HAVE YOU EVER SERVED AS A VOLUNTEER? <input type="checkbox"/> Yes (List location(s), approximate date(s) and duties below.) <input type="checkbox"/> No			
VOLUNTEER POSITION YOU ARE SEEKING:		STATE PARK PREFERENCE: Armstrong Redwoods/Austin Creek/Sonoma Coast State Park	
WHY DO YOU WISH TO BECOME A STATE PARK VOLUNTEER?			
CURRENT OCCUPATION OR IF RETIRED, FORMER OCCUPATION:			
HIGHLIGHT YOUR EDUCATIONAL, EMPLOYMENT, AND/OR LIFE EXPERIENCES THAT YOU FEEL MAY CONTRIBUTE TO CALIFORNIA STATE PARKS' MISSION: (You may attach a resume.)			
LIST THREE PERSONS NOT RELATED TO YOU WHO KNOW OF YOUR WORK QUALITY:			
<u>Name</u>	<u>Phone No.</u>	<u>Relationship</u>	

### FOR HOST APPLICANTS ONLY

INDICATE YOUR CHOICE OF STATE PARK AND DATES AVAILABLE: (Minimum of 30 days, maximum of 6 consecutive months in one park.)			
First Choice	Dates Available	Second Choice	Dates Available
INDICATE TYPE OF EQUIPMENT AND LENGTH:			
<input type="checkbox"/> Camper:	<input type="checkbox"/> Motorhome:	<input type="checkbox"/> Trailer:	<input type="checkbox"/> Extra Vehicle:
IF APPLICABLE, INDICATE TYPES AND NUMBER OF PETS YOU WILL HAVE WITH YOU: (You must have proof of your pets' current rabies vaccination with you while you reside in the park as a host.)			
<input type="checkbox"/> Dogs:	<input type="checkbox"/> Cats:	<input type="checkbox"/> Other:	

### CERTIFICATION

***I understand that additional information, such as driver's license number, Social Security Number and a background check may be required for certain volunteer positions. I hereby certify that all statements made on this application are true and complete.***

Applicant Signature

Date



# CA State Parks Volunteer Registration Packet

Please fill in all the boxes below, and then proceed to the following pages.  
Your information should auto-fill into the respective boxes, however,  
please verify that all your information has been correctly recorded,  
and type or neatly print the answers for the remaining fields on the forms.  
**After completing the form, please print the Entire Workbook, then sign and date. You will also need insert your duty statement.**

**NAME**

First	
Middle Initial	
Last	

**ADDRESS**

Street	
City	
State	
Zip	

**CONTACT**

Primary Phone	
Alt. Phone	
Email	

For Department Use Only	
District / Sector (Field)	
Unit (Park/Program Name)	
Division (HQ)	



# PERIODIC EVALUATION SUMMARY

SUMMARY/COMMENTS

VOLUNTEER SIGNATURE



DEPARTMENT REPRESENTATIVE SIGNATURE



DATE

SUMMARY/COMMENTS

VOLUNTEER SIGNATURE



DEPARTMENT REPRESENTATIVE SIGNATURE



DATE

SUMMARY/COMMENTS

VOLUNTEER SIGNATURE



DEPARTMENT REPRESENTATIVE SIGNATURE



DATE

SUMMARY/COMMENTS

VOLUNTEER SIGNATURE



DEPARTMENT REPRESENTATIVE SIGNATURE



DATE

SUMMARY/COMMENTS

VOLUNTEER SIGNATURE



DEPARTMENT REPRESENTATIVE SIGNATURE



DATE

**DISTRIBUTION:**

Original - Personnel File  
 Copy - Supervisor  
 Copy - Employee

State of California - Natural Resources Agency  
 DEPARTMENT OF PARKS AND RECREATION

## EMPLOYEE'S/VOLUNTEER'S PRE-DESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries and illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify the Department if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

EMPLOYEE PRINTED NAME <i>(First, MI, Last)</i>		
EMPLOYEE HOME ADDRESS <i>(Street, City, State, Zip)</i>		
DIVISION	SECTION/DISTRICT/SECTOR	
<b><i>If I have a work-related injury or illness, I choose to be treated by:</i></b>		
NAME OF INSURANCE COMPANY, PLAN, OR FUND PROVIDING HEALTH COVERAGE FOR NONOCCUPATIONAL INJURIES/ILLNESSES		
PHYSICIAN'S PRINTED NAME AND TITLE <i>(M.D. or D.O.)</i> , OR MEDICAL GROUP		PHONE NO. (      )
STREET ADDRESS		CITY/STATE/ZIP CODE
EMPLOYEE SIGNATURE		DATE
<b><i>I agree to this predesignation.</i></b>		
PHYSICIAN SIGNATURE OR SIGNATURE OF DESIGNATED EMPLOYEE OF PHYSICIAN OR MEDICAL GROUP*		DATE
<b>FOR ADMINISTRATIVE USE ONLY</b>		
RECEIVED BY	TITLE	DATE RECEIVED

\* The physician is not required to sign this form; however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, Sections 9780.1(a)(3).

**ESSENTIAL FUNCTIONS HEALTH QUESTIONNAIRE**

**APPLICANT INFORMATION**

LAST NAME		FIRST NAME	SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS			CITY	STATE	ZIP CODE
DAYTIME TELEPHONE	EVENING TELEPHONE	CLASSIFICATION Volunteer	HIRING DEPARTMENT Department of Parks and Recreation		

**CONTACT INFORMATION**

NAME		TITLE
LOCATION		TELEPHONE



**LIST OF ESSENTIAL FUNCTIONS**

*Enter list of essential functions of the job from current duty statement here, or attach duty statement:*

**See Duty Statement**

**ACKNOWLEDGEMENT**

*I certify that the duties listed above represent the essential functions of the job and classification listed above.*

SUPERVISOR'S NAME	SUPERVISOR'S SIGNATURE 	DATE
PERSONNEL OFFICER'S NAME	PERSONNEL OFFICER'S SIGNATURE 	DATE

**ESSENTIAL FUNCTIONS HEALTH QUESTIONNAIRE**

**APPLICANT'S CERTIFICATION OF ESSENTIAL FUNCTIONS**

*I certify that I have read the essential functions of the job listed on page 1 and considering my current health status (please check one of the boxes below):*

I am able to perform all of the essential functions of the job without a need for reasonable accommodation.

I am able to perform all of the essential functions of the job, but will require reasonable accommodation (please describe your requested accommodation in the Reasonable Accommodation section below).

I am unable to perform one or more of the essential functions of the job, even with reasonable accommodation.

I am not sure if I am able to perform one or more of the essential functions of the job. I have identified the functional limitations that I believe may limit my ability to perform the essential functions of the job in the Request for Essential Functions Evaluation section below.

**REASONABLE ACCOMODATION (If necessary, you may attach additional pages)**

*For each essential function of the job for which you require reasonable accommodation, please describe the reasonable accommodation you are requesting:*

**REQUEST FOR ESSENTIAL FUNCTIONS EVALUATION (If necessary, you may attach additional pages)**

*I am not sure whether I have a physical or mental limitation that may prevent or otherwise impair me from performing the essential functions of the job. Below I have listed the essential functions in question and my specific functional limitations that I believe may prevent or otherwise impair me from performing the listed essential functions of the job. I authorize the hiring authority, if necessary, to refer this information to the State Personnel Board's Medical Officer, or his/her delegate, to determine my ability to perform the essential functions of the job with or without reasonable accommodation.*

**ACKNOWLEDGEMENT**

*I certify that the information I have provided concerning my ability to perform the essential functions of the job is true and complete to the best of my knowledge.*

APPLICANT'S NAME (Print or type)

APPLICANT'S SIGNATURE

DATE





State of California - Natural Resources Agency  
DEPARTMENT OF PARKS AND RECREATION

**VISUAL MEDIA CONSENT**

**PRIVACY RIGHTS AND USE OF INFORMATION**

*I give the State of California, Department of Parks and Recreation (DPR) permission to make photographs, videotapes, films or other likenesses of me, my child or legal ward. I hereby grant to DPR the unrestricted right to copyright any of the above-mentioned materials containing images of me, as well as the unrestricted right to use and reuse them, with their caption information, in whole or in part, in any manner, for any purpose and in any medium now known or hereinafter invented, in perpetuity, and in all languages throughout the world. These rights include, but are not limited to, the right to publish, copy, distribute, alter, license and publicly display these materials and images for editorial, trade, marketing and/or advertising purposes. I also grant to DPR and its licensees the unrestricted right to use and disclose my name in connection with use of the above materials.*

*I understand and agree that I will not be paid for any use described*

*I also waive, and release and discharge the State of California, DPR, its officers, employees and/or agents from, any and all claims arising out of or in connection with any use of the materials, caption information and images described above, including any and all claims for libel, defamation and/or invasion of privacy or publicity. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. I realize I cannot withdraw my consent after I sign this form and I realize this form is binding on me and my heirs, legal representatives and assigns.*

NAME OF SUBJECT(S) DEPICTED IN VISUAL MEDIA *(print)*

***By signing this form I hereby certify that I am the subject and/or parent or legal guardian of the person(s) under 18 years of age named above and I hereby sign this consent form on behalf of myself and/or such person(s) in accordance with the statements above.***

SIGNATURE OF SUBJECT AND/OR PARENT/LEGAL GUARDIAN		PRINTED NAME	PHONE NUMBER (      )
ADDRESS	CITY/STATE/ZIP CODE		E-MAIL ADDRESS

**FOR DEPARTMENT USE ONLY**

PARK UNIT AND/OR LOCATION WHERE VISUAL MEDIA CAPTURED <i>(print)</i>	UNIT NO.
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PHOTOGRAPHER'S NAME AND TITLE <i>(print)</i>	DATE VISUAL MEDIA CREATED
--	---------------------------

IMAGE NUMBERS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PURPOSE

This form is designed to protect the Intellectual Property Rights of the California Department of Parks and Recreation. It is also designed to protect the Department and avoid the violation of any privacy rights regarding display or use of visual media (i.e. still photography, video footage, etc.) featuring members of the public. Multiple copies of this form must be carried in the field whenever the creation of visual media may capture members of the public when said visual media displays members of the public in a recognizable way.

## COMPLETION INSTRUCTIONS

### General Instructions

Individuals captured in various visual media by California Department of Parks and Recreation employees must complete this form. This form must be completed while the employees are in the process of capturing visual media.

- ALL people captured in a particular shot must fill out a separate copy of the form.
- ONE person CANNOT sign for a particular group; however, multiple children can be included on one form if they share the same parent and/or legal guardian.
- A parent's or legal guardian's signature on a minor's form CAN count as consent for use of the parent's/legal guardian's image as well, SO LONG AS the parent or legal guardian's name also appears in the NAME OF SUBJECT DEPICTED box.
- BE SURE that the form is properly completed before moving on to another shot.

### Item Instructions

**NAME OF SUBJECT(S) DEPICTED IN VISUAL MEDIA:** Have the person appearing in the visual media print his/her full name. Minors can be grouped on a single form with their parent or legal guardian.

**SIGNATURE / PHONE NUMBER / ADDRESS / E-MAIL:** Have the person appearing in the visual media enter his/her signature, telephone number and current address, and e-mail.

***NOTE: If the person appearing in the image is under the age of 18, his/her parent or legal guardian MUST enter ALL requested information and sign the form for the form to be valid. If the form is not valid, the image is unusable.***

**PARK UNIT AND/OR LOCATION WHERE VISUAL MEDIA CAPTURED & UNIT NO.:**

Print the Unit Number and Official Park Unit Name where the visual media is created. If the visual media is created in a location other than a State Park (such as on property operated but not owned by the Department), record that location instead.

**DATE VISUAL MEDIA CREATED:** Enter the date the visual media is created (i.e., date photograph taken, date video footage filmed, etc.).

**PHOTOGRAPHER'S NAME AND TITLE:** Record the name and title of the person who created the visual media (official Department job title, Volunteer status, etc.).

**IMAGE NUMBERS:** Record all the image file names or catalog numbers of the images in which the subject(s) named on the form appear.



# VOLUNTEER COVID-19 AGREEMENT

NAME (First, MI, Last)	HOME PHONE NO.	ALTERNATE PHONE NO.
HOME ADDRESS	CITY/STATE/ZIP CODE	EMAIL ADDRESS
CHECK ONE <input type="checkbox"/> am 18 years of age or older. <input type="checkbox"/> am under 18 year of age (Attach a signed Parental/Guardian Permission Form, DPR 208C.)		

## SERVICE AGREEMENT

The health and safety of volunteers to California's State Park System and all who take care of it is a priority to State Parks. As California continues to issue guidance on preparing and protecting California from the Coronavirus (COVID-19), California State Parks continues to monitor the situation closely and is following guidance provided by the Governor's Office via the [California Department of Public Health](http://www.cdph.ca.gov) (www.cdph.ca.gov), the Centers for Disease Control and Prevention (www.cdc.gov) and Governor's Office of Emergency Services (www.caloes.ca.gov) related to its operations and the safety of its employees, volunteers and visitors.

Undersigned agrees as follows:

I will perform assigned tasks which are within my physical ability and that I will not undertake tasks that are beyond my physical ability;

I will perform only those tasks assigned, observe all safety rules and use care in the performance of my assignments;

I acknowledge I am aware of the COVID-19 pandemic. I acknowledge that I am aware that COVID-19 is primarily spread person to person by people who are in close contact with one another, defined as within six (6) feet, through respiratory droplets passed by infected persons (who may or may not show symptoms);

I currently do not have any COVID-19 symptoms identified by the Centers for Disease Control and Prevention (CDC), and I have no known recent exposure (14 days or less) to COVID-19 and I will immediately notify appropriate Department personnel as soon as possible should I develop any symptoms or receive knowledge that I have been or may have been exposed to COVID-19;

That I understand the CDC has identified persons at a higher risk for severe illness from COVID-19 include people 65 years and older and those with underlying medical conditions including but not limited to lung disease, heart conditions, immunocompromised, diabetes, and obesity;

I agree to follow procedures and policies established by California State Parks in consultation with health agencies to reduce the spread of COVID-19 and protect volunteers, employees and visitors;

That I understand there are risks and hazards associated with my participation as a volunteer for California State Parks;

DISTRICT/DIVISION WHERE VOLUNTEER ASSIGNED	WORK LOCATION/PARK UNIT(S)	DATE VOLUNTEER TO BEGIN WORK
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<b>VOLUNTEER APPROVAL:</b> I hereby volunteer my services as a State Parks Volunteer for the job duties attached.		<b>DEPARTMENT APPROVAL</b> (contingent on approval of appropriate forms)	
VOLUNTEER SIGNATURE	DATE	DEPARTMENT REPRESENTATIVE SIGNATURE	DATE



**Vaccination Verification/Status**  
**California State Parks - Volunteers in Parks Program (VIPP)**  
**In partnerships with Stewards of the Coast and Redwoods**

Include this form with your other paperwork, or please email [Schall.Amelia@parks.ca.gov](mailto:Schall.Amelia@parks.ca.gov) to report your vaccination status by choosing one of three options, or:

- Yes, fully vaccinated, and provide proof of vaccination
- No, not fully vaccinated
- Decline to provide vaccination status

To provide proof of vaccination, one option is to send it via email. This may be done by scanning or taking a picture of your vaccination record card, or accessing your record digitally by visiting this link: [Digital COVID-19 Vaccine Record \(ca.gov\)](#). This digital record can be saved as a PDF, printed and scanned, or a screenshot may be taken. All vaccination records will be destroyed once the vaccination status has been verified.

Another option is to present your card in person to Administrative Officer Angelica Guzman at the Russian River Sector office in Duncans Mills. Please reach out if you would like to schedule a time to stop by in person.

Volunteers who do not choose one of the above options and/or are unable to provide evidence of being fully vaccinated will be required to participate in the COVID-19 testing program. Tests will be provided, and will be take-home PCR tests to be self-administered once a week.

Please let me know if you have any questions or concerns and I will do my best to address them.

Thank you,

Amelia Schall, Sonoma-Mendocino Coast District Volunteer Coordinator

**Sign and Insert Duty Statement Here**