

**VOLUNTEER SERVICE AGREEMENT FOR  
OXNARD MUSICAL YOUTH THEATER (O'MyTheater)**

This Agreement, made on \_\_\_\_\_[Date] by and between the

Oxnard Musical Youth Theater hereinafter referred to as "charity", and

\_\_\_\_\_ [VOLUNTEER NAME],

\_\_\_\_\_ [DOB], hereinafter referred to as "volunteer."

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

**YES NO** Have you ever been convicted of a crime or involved in any lawsuit, claim, or criminal charge involving sexual abuse, sexual molestation or sexual misconduct.

**YES NO BACKGROUND CHECK CONSENT FOR VOLUNTEERS**

As a prospective volunteer of Oxnard Musical Youth Theater, I understand that it is the charity's procedure to secure conviction criminal history information as part of its screening process for volunteers using the information provided. I hereby give consent to fingerprinting and for charity to perform a background search.

**WITNESSETH:** Whereas, volunteer intends to donate services to the charity identified above, and said charity intends to accept the donation of volunteer services.

NOW THEREFORE, in consideration of the mutual promises, the parties hereto agree as follows:

1. Volunteer agrees to donate services to charity in the capacity of Instructional Supervisor. Said services shall include, but may not be limited to, the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. It is mutually and expressly understood that volunteer services shall be donated, and that said volunteer is not entitled to nor expects any present or future salary, wages, or other benefits for these voluntary services.
3. Volunteer agrees to follow the supervision and direction of any personnel, employee, or volunteer, to whom volunteer has been assigned to perform services, and to participate in any training required by the charity in order to perform the voluntary services.
4. I am aware that participation as a volunteer may require periods of standing, lifting and carrying up to 40 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
5. As consideration for volunteering for charity, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue charity or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of charity as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE charity AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL

ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.

6. I authorize charity to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.
7. I understand that the materials and tools provided by charity are and remain the property of charity, and I agree to return these tools and any remaining materials to charity at the end of my volunteer service.
8. I further understand that if I am responsible for injuries to third parties or damages to their property while acting outside the scope of assigned volunteer duties, that I may be held personally liable for any monetary damages a court may award to the injured party.
9. I will fully cooperate with the charity and its agents in any investigation, lawsuit, arbitration, or any other legal or quasi-legal proceedings that arise from the matters covered by this agreement. I further agree to notify the charity immediately of any incident that occurs or may occur under my supervision.
10. I understand that my volunteer assignment will begin on \_\_\_\_\_ and end on \_\_\_\_\_; and that I will spend approximately \_\_\_\_\_ hours per week providing volunteer services. I also understand that my volunteer assignment may be terminated at any time by either party to this agreement.
11. IN CASE OF EMERGENCY, please contact \_\_\_\_\_, telephone number \_\_\_\_\_.
12. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CHARITY REPRESENTATIVE

\_\_\_\_\_  
DATE



### REQUEST FOR LIVE SCAN SERVICE

Print Form

Reset Form

#### Applicant Submission

AK090  
ORI (Code assigned by DOJ)

VOLUNTEER/VCA  
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:

OXNARD MUSICAL YOUTH THEATER  
Agency Authorized to Receive Criminal Record Information

20525  
Mail Code (five-digit code assigned by DOJ)

3430 ISLE WAY  
Street Address or P.O. Box

CHERYL KEWLEY  
Contact Name (mandatory for all school submissions)

OXNARD CA 93035  
City State ZIP Code

8058162252  
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  FBI

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