



# OXNARD CITY CORPS

Learning Through Work & Service

ADULT Membership Application

Date \_\_\_\_\_

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_ DOB \_\_\_\_\_  
*First Last*

Address: \_\_\_\_\_  
*Street Address Apartment / Unit*  
\_\_\_\_\_  
*City Estate Zip Code*

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### EDUCATION

	Name of School	Current Grade	School Counselor
Middle School			
High School			
Trade or Other			

### WORK EXPERIENCE

Date	Name & Address of Employer	Salary	Position	Reason for leaving

Do you have a valid California Driver's License? Yes \_\_\_ No \_\_\_ If yes, Driver's License \_\_\_\_\_

How did you hear about City Corps? Parent \_\_\_ School Staff/Administrator \_\_\_ Website \_\_\_ Social Media \_\_\_ Friend \_\_\_

Magazine/Recreation Guide \_\_\_ Probation \_\_\_ Oxnard Police \_\_\_ Other (please specify): \_\_\_\_\_

Do you have any community service experience? \_\_\_\_\_

Why do you want to join City Corps? \_\_\_\_\_

I certify that all statements made in this application are true and correct. I agree and understand that any misinformation or omission of information can result in termination from Oxnard City Corps.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

**RELEASE FORM AND CONSENT TO TREATMENT**

ACTIVITY: CITY CORPS January 1, 2019 – December 31, 2019 (ACTIVITIES, EVENTS AND FIELD TRIPS).

I hereby agree that I, my heirs, distributees, guardians, legal representatives, and assignees shall not make a claim against, sue, attach the property of, or prosecute the City, the City Council and each member thereof, or the City’s agents, servants, employees, or representatives, for damages for death, personal injury, or property damage which I may have or hereafter accrue to me, as a result of my participation in said activity. This release is intended to discharge in advance the promoters, sponsors, the officials, and any involved municipalities or other public entities and their respective agents and employees, from and against any and all liability arising out of or connected in any way with said individual’s participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that my participation in the Activity may involve a risk of harm. Serious accidents occasionally happen during the said activity and that participants in such activity occasionally sustain mortal or serious personal injuries and/or property damage as a result thereof. Knowing the risks of the said activity, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons and entities mentioned above who, through negligence or carelessness might otherwise be liable to me, or my heirs or assignees for damages. With knowledge of the risks involved, I voluntarily consent to participate in the Activity and agree to assume any and all risks of injury, damage, or death from my participation.

I understand in order to participate in Oxnard City Corps; the above-named participant must adhere to certain dress standards. No sandals, shorts, hanging jewelry, gang affiliated attire, halter/tank tops or any clothing accessory that is not appropriate for the work being done with Oxnard City Corps.

I also agree that photographs, pictures, slides, movies, & videos of the above named individual may be taken in connection with said individual’s participation in this activity or event without compensation from the City of Oxnard, California, permittee/sponsor and consent to the use of these photographs, pictures, slides, movies, & videos for any legal purpose, including but not limited to, advertising, promotions, and trade.

**I have carefully read this declaration of voluntary participation and release of liability and fully understand its contents. Without mental reservation, I sign this release of liability voluntarily and without any threat or coercion from the City, its City council, agents, servants, employees, or representatives.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT’S SIGNATURE

**CONSENT TO TREATMENT**

In the event of sudden illness, accident, or injury which may occur while engaged in activity supervised by Oxnard City Corps and their representatives, agents or assignees, I hereby give my consent pursuant to California Civil Code Number 25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT’S SIGNATURE

**MEDICAL INFORMATION**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Type of Coverage: \_\_\_\_\_

Pertinent Medical History Information (EPILEPSY, DIABETES, ALLERGIES, ETC.) \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE: \_\_\_\_\_