



# PUBLIC ART CONSERVATION

## Summer Volunteer Internship Opportunity

Do you know what happens to our Public Art when no one is looking?

### Would you like the opportunity to learn about Public Art Conservation in your community?

The City of Ventura Public Art Program is looking for students and adults (ages 16 and older) who have an interest in the arts and would like to learn Public Art Conservation techniques this summer from July 14 to August 15 (5 weeks). Interns will meet Tuesdays and Thursdays from 10 am to 2 pm. This conservation program will focus on Public Art sculptures along our Ventura River Trail and in the downtown area.

Interns will be provided with workshops to educate them on proper conservation techniques and procedures as well as the opportunity to observe demonstrations. Interns who are selected will be working outdoors and exposed to the sun and mild chemicals and solvents. Interested applicants should fill out the application form and provide a brief half page essay describing their interest in this program and why they would like to be involved.

Please submit requested materials via email to Tobie Roach by Wednesday, July 9 at 5 pm.

***Lets make our Public Art shine!***

I look forward to working with you this summer!

Tobie Roach  
Public Art Project Manager  
City of Ventura Community Partnerships Division  
805-658-4759  
[troach@ci.ventura.ca.us](mailto:troach@ci.ventura.ca.us)



CITY OF  
**VENTURA**  
PARKS, RECREATION &  
COMMUNITY PARTNERSHIPS



# VOLUNTEER VENTURA! Application

Date: \_\_\_\_\_

## Volunteer Information

Gender:  Female  Male

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

- Employed Full time       Employed Part-time       Unemployed/Laid off  
 Homemaker               Retired                       Other: \_\_\_\_\_  
 Middle School Student     High School Student       College Student

School \_\_\_\_\_ Grade/Year: \_\_\_\_\_

## Availability, Interests & Skills

How did you hear about our volunteer program? \_\_\_\_\_

When are you available to volunteer? Check all that apply and fill in hours below.

- Mon       Tue       Wed       Thurs       Fri       Sat       Sun  
 \_\_\_\_\_

I am interested in volunteering:

- Weekly       Semi-weekly       Monthly       Seasonal       As Needed  
 One-time       Other \_\_\_\_\_

Reason for volunteering (check all that apply):

- Contribute to the community       Enhance college application/Enhance resume  
 Meet new people                       Renew job skills/Learn new skills  
 Internship                                   Community service for school or club (\_\_\_\_ hours per \_\_\_\_\_)  
 Court mandated (# of hours \_\_\_\_ Due: \_\_/\_\_/\_\_) Offense: \_\_\_\_\_

Probation/Court contact: \_\_\_\_\_ Phone: \_\_\_\_\_

What volunteer opportunities are you interested in? Please check all that apply:

- City Events/Cultural Programs       Clerical/General Office Assistance       Public Information - City Hall Ambassador  
 Coach (youth sports)                       Gardening                                       Senior Centers/Senior Nutrition Program  
 Internship - list area of interest/field of study \_\_\_\_\_  
 Volunteers in Policing (VIP'S) and Resource Centers \*(minimum age: 18)       Youth After School Programs  
 Other \_\_\_\_\_

Are you bilingual?  No  Yes – if yes, besides English, what other languages do you:

Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

Skills: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Specialized skill, training, education: \_\_\_\_\_

## Tell Us More About Yourself

What do you want to get out of volunteering (200 word maximum)?

What are your areas of interest/focus?

## Personal References

Please list two non-family members who can provide references on your ability to perform volunteer tasks and duties:

(1) Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

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Received \_\_\_\_\_ Entered \_\_\_\_\_ by \_\_\_\_\_

City of Ventura • Tobie Roach • 501 Poli Street, Rm 226 • Ventura, CA 93001  
troach@ci.ventura.ca.us • 805-658-4759 (O)

### VOLUNTEER LIABILITY WAIVER

By signing this volunteer waiver, I agree to the following:

1. I release, waive, discharge, and covenant on behalf of myself and my minor children not to sue the City of San Buenaventura ("City"), their elected and appointed officials, agents, volunteers, and employees ("Releasees") from all liability to me, or my minor children, for any loss or damage, and any claim or demands on account of personal or property injury or because of my, or my minor children's death, whether caused by Releasees' negligence or otherwise, while I, and my minor children, participate in the City of Ventura Volunteer Program.
2. I further agree to defend, indemnify, and hold harmless the City and its officers, employees and agents, from and against any and all claims, suits, actions, liability judgment and expenses that may arise by reason of services I, or my minor children, provide as a volunteer or that are connected in any way therewith. I will pay all costs incident to any claim, including, without limitation, attorneys' fees.
3. I expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
4. I grant permission for the City to use my, or my minor children's image, filmed or photographed during volunteer activities, to promote its services and programs.
5. In case of serious injury, I give my permission for City personnel to seek any medical treatment should it become necessary.
6. I have read and voluntarily sign this release, waiver of liability, and indemnity agreement, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

\_\_\_\_\_  
Signature of volunteer applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian if under 18

\_\_\_\_\_  
Date

**Please sign application after printing. Actual signature required for application to be valid.**

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In compliance with the Americans with Disabilities Act, this document is available in alternate formats by calling 805/207-9300 or by contacting the California Relay Service. 