



CITY OF ARROYO GRANDE VOLUNTEER APPLICATION

Name: _____

Residence Address: _____
Street Address City ZIP Code

Mailing Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact: _____ Phone #: _____

Group Name/Organization/Affiliation: _____

Special Accommodations: _____

VOLUNTEER AGREEMENT WAIVER & RELEASE OF LIABILITY

I acknowledge my volunteering does not come without the risk of injury or harm; I accept this risk, and assume responsibility for all liability and risk associated with my participation. I agree to hold harmless, release, waive and forever discharge the City of Arroyo Grande, its employees, departments, officers and agents, from any and all claims or demands I may have by reason of any accident, illness, injury, loss, destruction or damage to property, arising or resulting directly or indirectly from my participation in this activity. I further covenant not to bring any legal action against the City of Arroyo Grande, its employees, departments, officers and agents, for any injury, loss or damage resulting from my participation in this activity.

This Waiver and Release is contractual and not a mere recital and applies whether or not injury or loss resulting from this activity is caused by an act or omission of the City, its employees, departments, officers or agents, negligent or otherwise.

This Waiver and Release is binding on my heirs, executors, administrators, assigns, and all of my family members, and applies to all losses, whether known or unknown, suspected or unsuspected, related to my participation in this activity.

I hereby grant permission to the City of Arroyo Grande to use photographs of me taken during this activity on its website and in other publications, at the City's sole discretion and without further consideration.

I certify that all statements on this application are true and complete to the best of my knowledge.

I hereby authorize the City of Arroyo Grande to investigate any information contained in this application.

I understand that false or misleading statements or failure to follow the rules and requirements of the program shall be sufficient grounds for disqualification from the City's Volunteer Program.

Further, I understand that as a volunteer, I am offering my services of my own free will without any expectation of compensation or benefits of any kind.

This Waiver and Release was executed on _____, 20____ in Arroyo Grande, California.

Print Participant's Name

Signature of Participant

Date

[If participant is a minor the following must be completed.]

I/We are the parents/guardian of _____, a minor. We hereby consent to said minor's participation in the City of Arroyo Grande's Volunteer Program and agree to indemnify and hold harmless the City of Arroyo Grande from any claim for injuries or damage that said minor may have against the City of Arroyo Grande by reason of his or her participation in the program. In addition, I/We waive all rights we may have under California Code of Civil Procedure Section 376, which provides for a parent's cause of action for injury to his or her child.

Print Parent/Guardian Name

Signature of Parent/Guardian

Date



CITY OF ARROYO GRANDE ACKNOWLEDGEMENT OF WORKER'S COMPENSATION

I hereby acknowledge that as a volunteer for the Agency in the capacity of volunteer, I am not an employee of the City of Arroyo Grande, but that I am covered under the City's Workers' Compensation plan since the City has adopted a resolution extending Workers' Compensation coverage to certain volunteers in specified categories pursuant to Labor Code Section 3363.5.

As a volunteer who is covered under the City's Workers' Compensation plan, I expressly agree and acknowledge that Workers' Compensation is my exclusive remedy for any injury suffered while performing said volunteer duties, and that I cannot and will not seek to bring any other claim or actions of any type whatsoever against the City, its employees, officers, agencies, other volunteers and officials.

Date: _____

Signature: _____

Print Name: _____

Parent or Guardian Signature (if minor):

Witness: _____

Please specify area(s) of interest to volunteer: _____

How often would you like to volunteer? _____

Days/Times Available:

Sun Mon Tues Wed Thurs Fri Sat
