## Section B

## City of Vallejo Volunteer Application (Adult)

Name:		
Address:		
$\begin{tabular}{ll} \textbf{Mailing Address (if different from above):} & \_\_\_ \\ \hline \end{tabular}$		
Home Phone:	Cell Phone:	
E-mail Address:		
Emergency Contact:	Phone:	
Please specify area(s) of interest to vol	unteer:	
Special Accommodations:		
VOLUNTEER	R AGREEMENT WAIVER & RELEASE OF LIA	ABILITY
I acknowledge my volunteering does not come liability and risk associated with my participati employees, department, officers and agents, fro loss, destruction or damage to property, arising not to bring any legal action against the City or resulting from my participation in this activity.	on. I agree to hold harmless, release, waive ar om any and all claims or demands I may have or resulting directly or indirectly from my parti	nd forever discharge the City of Vallejo, its by reason of any accident, illness, injury, icipation in this activity. I further covenant
This Waiver and Release is contractual and no caused by an act or omission of the City, its emp		, .
This Waiver and Release is binding on my heilosses, whether known or unknown, suspected	· ·	, ,
I hereby grant permission to the City of Vall publications, at the City's sole discretion and w		this activity on its website and in other
I certify that all statements on this application a	re true and complete to the best of my knowled	dge.
I hereby authorize the City of Vallejo to investig	gate any information contained in this applicat	ion.
I understand that false or misleading statements for disqualification from the City's Volunteer Programmer Pro		of the program shall be sufficient grounds
Further, I understand that as a volunteer, I am benefits of any kind.	offering my services of my own free will wi	thout any expectation of compensation of
This Waiver a release was executed on	, 20 in Vallejo, California	
Print Participant's Name (If participant is a minor the following must be	Signature of Participant completed.)	Date
I/We are the parents/guardian of	ainst the City of Vallejo by reason of his or her	nless the City of Vallejo form any claim for participation in the program. In addition,
Print Parent/Guardian Name	Signature of Parent/Guardian	 Date

Section D

## **VOLUNTEER WORKERS' COMPENSATION FORM**

I hereby acknowledge that as a volunteer for the City of Vallejo (hereafter the City), I am not an employee of the City and that I am not covered under the City's workers' compensation benefits. I intend to perform voluntary services for the City without compensation. I confirm that I have my own medical insurance which provides coverage during my participation.

I hereby knowingly and unequivocally waive, release and discharge any and all rights that I, my heirs, assigns, agents or other representatives may have or which hereafter may accrue to me, to file any claim, lawsuit and/or any other cause of action against the City, its employees, directors, officers, agencies, other volunteers and officials as a result of performing said volunteer services.

I expressly desire to release the City, its employees, officers, agencies, other volunteers and officials from any financial responsibility to me for any personal injury and/or property damage I may incur as a result of my voluntary services, even when it results from the negligence, both active and passive, of the City and/or its employees.

I understand that accidents and injuries can arise out of my volunteer activities; knowing the risk, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the City, its employees, directors, officers, agencies, other volunteers and officials, who (through negligence or carelessness) might otherwise be liable to me (or my heirs, assigns, agents or other representatives) for damages.

No promise, inducement, or agreement has been made to me to induce me to release the City from liability for any personal injury and/or property damage incurred by me as a result of my voluntary services, nor has any promise, inducement, or agreement been made to me in return for the express waiver of rights referred to above.

Print Name of Participant	Signature of Participant
Date	