

What skills and abilities will you bring to the City of Imperial Beach?

Do you have any special needs (or limitations) that would impact your ability to volunteer? Please indicate the type of work you would like to do during your volunteer opportunity.

Do you speak any languages other than English? _____

Are you volunteering to complete community service hours for school or another requirement? If so, please share the name of school or who/what organization is requiring these hours.

AVAILABILITY

Please indicate the days and times you are available to volunteer:

	M	T	W	Th	F	S	S
Morning							
Afternoon							
Evening							

How long can you commit to volunteering?

One-Time events

6 months

9 months

One-Year

Other _____

Signature

Date

Please review and have your parent or legal guardian sign the attached Participation Agreement.

Participation Agreement for the City of Imperial Beach Volunteers

YOU MUST READ AND UNDERSTAND THIS AGREEMENT BEFORE VOLUNTEERING

Participation in the City of Imperial Beach Volunteer Program is a voluntary activity. The information that I have provided on this application is accurate to the best of my knowledge. I give my permission to any persons named in the application to provide any relevant information they may have to the City of Imperial Beach or its agents for use in deciding whether or not to offer me work as a volunteer for the City. I understand I may be required to submit to a Criminal Background Check and other background checks as required.

I hereby apply to volunteer with the City of Imperial Beach. I understand that if I am accepted, I will be expected to follow a mutually acceptable work schedule and to notify my supervisor promptly if I am unable to work as scheduled. I understand that I will be expected to perform my assigned tasks in a businesslike and efficient manner, and that my volunteer assignment may be terminated at any time.

I agree to indemnify, defend, and hold harmless the City of Imperial Beach ("City") and its officers, agents, and employees from any and all lawsuits, damages, claims, judgments, loss, liability, or expenses arising out of

- 1) any personal injuries or property damage which I may sustain or which I may cause while I am using property or equipment owned by or under the control of the City, or while participating in any activity sponsored by the City,*
- 2) any injury which results or increases by any action taken to medically treat me,*
- 3) any claim of liability arising out of the negligence or any acts or omissions of the volunteer.*

The terms above shall apply whether or not the alleged injury is also caused by or arises out of any dangerous condition of property, or the alleged negligence or any acts or omissions of the City, or its officers, agents, or employees. I also understand that the City does not carry insurance to cover participants in the activities in which I am participating.

I UNDERSTAND THERE ARE RISKS ASSOCIATED WITH THESE VOLUNTEER ACTIVITIES, AND I ASSUME THE RISK OF ANY INJURIES THAT I MAY SUSTAIN.

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.

I understand that I will not be paid for my services as a volunteer. If a minor, the parent authorizes The City of Imperial Beach and its staff to seek emergency medical treatment for my minor child, in the case of accident, injury or illness.

I can read, and I have read the above Waiver/Release of liability and understand it.

Name of Parent/Legal Guardian of Minor _____

Parent Signature _____ Date _____

Parent Address _____

Parent/Guardian Phone Number _____ Parent/Guardian Email _____

Applicant Name _____

Applicant Signature _____ Date _____