



VOLUNTEER APPLICATION

Name: _____ Birthdate: _____

Address: _____

Phone Numbers: Day: _____ Night: _____

Cell: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____

Phone Numbers: Day: _____ Night: _____

Doctor Name: _____ Phone: _____

Hospital: _____

Past or present volunteer experience: _____

Professional/business experience: _____

Special Skills/Talent/Languages: _____

Volunteer work desired:

- Reception/Recreation Center
 Special Events
 General Recreation Classes/Day Camps
 Senior Recreation Program
 Other _____

Hours available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are you volunteering to complete school requirements? Yes No

School: _____ Grade: _____

Instructor/Advisor Name: _____

Number of Hours Needed: _____ Date to complete by: _____

Have you ever been convicted of a criminal offense which resulted in imprisonment, probation, or a fine of more than \$25? Yes No

If yes, please explain: _____

A conviction will not necessarily disqualify you from the position applied for. (Consideration will be given to factors such as the crime committed, how long ago the crime was committed, and the position for which you are applying. In responding to the above question, omit convictions 2 years or older for violation of California Health and Safety Code sections 11357 (b), 11357 (c), 11360 (c), 11364, 11365, 11550, or statutory predecessors as they relate to Marijuana.)

Individuals with disabilities requiring any accommodation to participate in the application and selection process must inform the City of Agoura Hills at the time the application is submitted or by the final filing date for this application. Individuals needing such accommodations including the type and extent of accommodations to complete the application participate in the selection process or perform the volunteer duties for which they are applying.

GENERAL RELEASE, WAIVER AND INDEMNITY AGREEMENT

I certify that I am volunteering to participate in the above program(s). I understand that "participation" in the Program may include preparing for, traveling, receiving instruction, and engaging in the Program. I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in the Program. I realize that, by participating in this Program, I will be exposed to a risk of injury or death. In consideration of permitting me to enroll in and participate in the Program, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive, and relinquish the City of Agoura Hills (and its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out of or relate to the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the City of Agoura Hills (or its officers, agents, employees, or volunteers). I further agree (on behalf of myself, my heirs, executors, administrators, and assigns) to indemnify, defend, and hold harmless the City of Agoura Hills (and its officers, agents, employees, and volunteers) from any and all liabilities, claims or actions for personal injury, property damage, or wrongful death which arise out of or relate to my participation in the Program, whether or not the liability, claim, or actions arises out of negligence or carelessness on the part of the City of Agoura Hills (or its officers, agents, employees, or volunteers). I understand the dangers incidental to participating in the Program and the need for safety precautions. I have read this General Release, Waiver and Indemnity Agreement and am fully aware of the legal consequences of signing it.

PARENTAL CONSENT: (To be completed and signed by parent/guardian if applicant is under 18 years of age.) I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control and I do hereby give permission for the Child to participate in the above activity. I further certify that the Child is in good health and has no physical or other impediment which would endanger him or her while participating in the Program. I realize that, by participating in this program, the Child will be exposed to a risk of injury or death. I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I understand the dangers incidental to participating in the Program and the need for safety precautions and I have discussed the dangers of the program and the need for safety precautions with the Child.

I understand I am volunteering my services through the City of Agoura Hills. I understand I am not an employee of the City.

Volunteer Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(Signature required, if Volunteer is a Minor)

FOR OFFICE USE ONLY

Date Application received: _____ Approved _____ Denied _____

Staff Signature: _____ Date: _____