



VOLUNTEER APPLICATION

City of Brea

1 Civic Center Circle, Brea, CA 92821-5732

(714) 990-7600

Thank you for offering to serve as a City of Brea Volunteer. The following information is required in order to process your application. Please print.

Name _____ Email address _____

Address _____ City _____ Zip _____

Phone () _____ Evening () _____

Emergency contact person: Name _____ Phone #_()_____

Additional Emergency contact person: Name _____ Phone #_()_____

Special Skills, Experience, or Education (i.e., data entry, coaching, fund-raising, Spanish):

Availability to volunteer:

- Weekday mornings
- Weekends
- Weekday afternoons
- Other _____
- Weekday evenings

If this is for school credit please list school attending and a contact person at the school:

School: _____ Contact at school: _____ Phone #_()_____

YES NO Have you ever been convicted (or are currently out on bail or out on your own recognizance pending trial) of a felony, or a misdemeanor other than a minor traffic violation? If so, describe below what, when, where and disposition of case. (A criminal record does not constitute an automatic bar to volunteer placement, but will be considered in terms of the volunteer work to be performed.)

Date: _____ Signature: _____

Parental Consent if Volunteer Under 18 years of Age

I hereby allow my son/daughter to participate as a City of Brea volunteer.

Date: _____ Signature: _____

Important!

Waiver on reverse side must be read and signed.

City of Brea

VOLUNTEER PARTICIPANT WAIVER OF LIABILITY AND ASSUMPTION OF RISK PLEASE READ CAREFULLY

I understand that my participation in the City of Brea ("City") programs, operations, and/activities is voluntary, and that I am donating my time and my labor by my own free choice. I also understand I am not a City employee and not covered by the City's Workers' Compensation insurance or any medical policy. I agree to perform my assigned tasks in a responsible manner that reflects positively on the City, and that the City has the option of discontinuing my services at any time. In consideration of being allowed to participate in volunteer activities, I hereby agree to **ASSUME THE RISKS OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH** in any way associated with my participation in this activity. I agree to **RELEASE, INDEMNIFY, AND HOLD HARMLESS** the City, its officials, employees, representatives, volunteers, and agents for any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, in law or in equity, and arising from or in any way connected with my participation in the City's volunteer activities. I agree that the terms stated herein shall also serve as a **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I acknowledge that I have carefully read this WAIVER OF LIABILITY AND ASSUMPTION OF RISK and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Brea in connection with my participation in this volunteer activity.

I accept the conditions printed above:

Participant Signature

Date

Participant Printed Name

A parent or guardian signature is also required if the participant is under 18 years of age. By signing this **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** on behalf of a minor, the undersigned parent or guardian is agreeing to be bound by the above conditions on behalf of him or herself and on behalf of the participant.

Parent or Guardian Signature

Date

Parent or Guardian Printed Name