

VOLUNTEER INFORMATION

Name: _____ Date of Birth: _____

Phone: _____ E-mail: _____

Address _____
Street City State Zip Code

DESCRIPTION OF WORK

Work Description: _____

Work Start Date: _____ Work End Date: _____ Total Hours: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship to Volunteer: _____ Phone: _____

VOLUNTEER AGREEMENT *Please initial each section below, then sign and date the acknowledgment at the bottom of the form.*

_____ As a volunteer, I release and hold harmless the City of Richland Center from any claims or liability for injury, loss, or damage to me or my property arising from this project.

_____ I understand and accept the risks involved and confirm I have no medical condition preventing participation.

_____ I understand that volunteers are not permitted to operate heavy equipment or City-owned motor vehicles.

_____ I give permission to be photographed for use in project materials and media.

_____ I certify that the information provided is accurate and understand that my service may be subject to a background check.

_____ I acknowledge that volunteer service may be terminated at any time and that completion of the required service hours is not guaranteed.

By signing below, I acknowledge that I have read and agree to this volunteer agreement.

Signature of Applicant: _____ Date: _____

Print Name: _____

NOTE: IF THE VOLUNTEER IS UNDER THE AGE OF 18, A PARENT OR LEGAL GUARDIAN MUST SIGN.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____