



VOLUNTEER WAIVER

PERSONAL INFORMATION

(PLEASE PRINT, FIELDS WITH * ARE REQUIRED)

*Full Name: _____

*Address: _____

City: _____ State: _____ *Zip: _____

*Home Phone: _____ Cell Phone: _____

Email: _____

*Emergency Contact: _____

Name	Relationship	Contact Number
Volunteer Program Area(s): _____		

Special Accommodations: _____

VOLUNTEER RESPONSIBILITIES

The following list of responsibilities are to be adhered to by all volunteers:

1. Always act in a professional and respectful manner.
2. Be safety conscious at all time.
3. Be courteous to all persons with whom you come in contact.
4. The use of alcohol and controlled substances is absolutely prohibited.
5. Always check in and out with your designated supervisor.
6. A commitment to attend all scheduled assignments is mandatory to continue in the volunteer program.

WAIVER AND LIABILITY RELEASE

I have read the volunteer responsibilities above and understand that as a volunteer I will adhere to them and act in a respectful manner while representing the City of San Luis Obispo. I assume the responsibility of mental and physical fitness to participate in the assignment described above, and agree to abide by all rules and requirements of the program. I also understand that failure to abide by the above may lead to my termination from the volunteer program.

I understand that I am not considered an employee of the City of San Luis Obispo for the purposes of Workers' Compensation, but that the City provides volunteer accident insurance in excess of any other medical insurance I may have. I agree to comply with the City's policy on reporting any injuries I incur while under the City's supervision.

I agree to hold harmless the City of San Luis Obispo, its officers, employees and volunteers from and against any and all liability arising out of or in any way connected with my participation in the volunteer program. **THIS RELEASE SHALL APPLY EVEN THOUGH LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THOSE DISCHARGED INCLUDING THEIR EMPLOYEES, AGENTS AND VOLUNTEERS.**

This waiver and liability release shall apply to myself, as well as any of my heirs, executors or administrators.

I am of lawful age and legally competent to sign this agreement. I understand the terms and have signed this document as my own free act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE BY READING IT BEFORE I SIGNED IT. I REALIZE THAT BY SIGNING THIS DOCUMENT I AM GIVING UP LEGAL RIGHTS TO WHICH I MAY BE ENTITLED.

*Signature of Participant

*Date

*Parent/Guardian Signature (if under 18 years of age)

*Date

FOR OFFICE USE ONLY

Division/Assignment: _____ Starting Date: _____

Projected Duration: _____ Report to: _____ Schedule: _____

Approved by: _____ Date Fingerprinted: _____ ATI#: _____



The City of San Luis Obispo is committed to include the disabled in all of its services, programs and activities. Telecommunications Device for the Deaf (805) 781-7410.