



VOLUNTEER APPLICATION

APPLICANT INFORMATION

Title: Last Name: First Name: Middle Initial:

Address: Apartment #:

City: State: Zip Code:

Home Phone: Work Phone: Cell Phone:

E-mail Address:

EMERGENCY & MEDICAL INFORMATION

Please provide two emergency contacts.

Relationship	Last Name	First Name	Primary Phone	Secondary Phone

List any medical or physical limitation(s) or impairment(s) that may limit your participation in volunteer activities.

RELEASE & INDEMNIFICATION AGREEMENT

In consideration of the opportunity afforded me to participate as a volunteer, I do hereby knowingly, freely and voluntarily release, waive, discharge, indemnify and hold harmless the CITY OF DEERFIELD BEACH, its officers, employees, agents and volunteers from any and all liability, losses, expenses, damages, claims, causes of action or judgements, including without limitations attorneys' fees and court costs, which may be sustained by me and/or my family directly or indirectly in connection with, or which may arise out of, my participation as a volunteer, whether caused in whole or in part by the negligence of the CITY OF DEERFIELD BEACH, its officers, employees, agents, volunteers or otherwise. I further agree not to represent myself as an officer, agent or employee of the CITY OF DEERFIELD BEACH and acknowledge that I am participating as a volunteer for the City of my own time and outside the scope of my employment, and that I am not entitled to any City stipend or fringe benefit. I further agree that any vehicle that I drive to, from or during a volunteer activity is not property of or an instrumentality of the City but rather my own property. I acknowledge that the City will not be responsible or liable for any personal injury or property damage caused in whole or in part by my personal vehicle.

I have read this Release & Indemnification Agreement and fully understand its terms. I further understand that I have given up substantial rights by signing this form and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of, and indemnification from, any and all liability to the greatest extent permitted by law and agree that if any portion of this Release & Indemnification Agreement is held to be invalid, the balance notwithstanding shall continue in full legal force and effect.

I agree to abide by the applicable CDC guidelines. I am aware of the contagious nature of communicable diseases and acknowledge that gathering in large numbers may expose me to contagions. I understand that becoming exposed to or infected by contagions may result in serious personal injury, illness, permanent disability, or death. In exchange for being permitted to volunteer, I hereby release, waive, covenant not to sue, and forever discharge the City of Deerfield Beach, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any nature ("Claims") arising out of or in any way connected with becoming exposed to or infected by contagions. I understand that this release includes any Claims based on the negligence, action, or inaction of the City (including its employees, agents, and representatives), and covers bodily injury, illness, disability, and death related to contagions, whether a contagion infection occurs before, during or after the activities listed above.

VOLUNTEER AGREEMENT

I understand that I am offering my services to the City of Deerfield Beach without compensation. Once I become a volunteer, I agree to abide by all rules, regulations and policies, either published or in effect by usage, and all rules, regulations and laws of the City and of the State of Florida. I further understand that my services can be discontinued at any time.

.My signature below certifies that I understand and agree to the Release & Indemnification and Volunteer Agreement.

Signature of Applicant: _____ Date: _____

PARENTAL CONSENT

If the applicant is under 18, parental consent (or the consent of the applicant's legal guardian) to the applicant's participation in volunteer service is required below. As parent (or legal guardian), please sign below indicating your consent. By signing below as parent (or legal guardian), you will also agree to each and every term and condition contained in the Release & Indemnification Agreement set forth above.

I hereby give my consent for my child (or the child under my legal guardianship) to participate in the volunteer activity described below. I acknowledge that my child (or the child under my legal guardianship) is not entitled to any City compensation or fringe benefit for this activity.

Name of Parent or Legal Guardian: _____

Date: _____

Signature of Parent or Legal Guardian: _____

Date: _____