



City of Pacific Grove
300 Forest Avenue
Pacific Grove, CA 93950
(831) 648-3123

Volunteer Application and Release Form

Position Applying For: _____

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____ Birth Date: _____

Emergency Contact: _____ Phone: _____

May we contact you regarding other volunteer opportunities? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain the nature of the crime and the date of the conviction and disposition. Conviction of a crime is not an automatic disqualification for volunteer work. This volunteer position will require a Live Scan fingerprinting background check and a drug screen.

City of Pacific Grove Volunteer Agreement and Release

Volunteer Name: _____

Volunteer Program (if applicable): _____

Volunteer Agreement and Workers Compensation I hereby choose to provide services in the City of Pacific Grove's (City) volunteer program and understand that my services are donated to the City without expectation of compensation, benefits, or future employment. I understand I am covered under the City's workers' compensation insurance in the event of an injury from rendering a volunteer service. I will report any injury or incident to my supervisor immediately.

Assumption of Risk I understand the services I provide to the City may include activities that may be hazardous to me including, but not limited to involving inherently dangerous activities. I hereby expressly assume risk of injury or harm from these activities and release the City for all liability.

Release of Liability I hereby waive, release and forever discharge any and all claims for damages for bodily injury, personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in the volunteer program. This release is intended to discharge, in advance, the City, its officials, employees, agents, and volunteers from and against any and all liability arising out of, or connected in any way with, my participation. I further agree to indemnify, defend and hold the City, its officers, officials, employees, agents and volunteers harmless from any loss, liability, claim, damage, or expense which may incur as a result of my participation in the volunteer program. I expressly agree this Release is intended to be as broad and inclusive as permitted by California law and that this Release shall be governed by and interpreted in accordance with California law. I agree that in the event any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

I HAVE READ, UNDERSTAND AND WILL ABIDE BY THE ABOVE STATEMENTS.

Volunteer Signature: _____ **Date:** _____

(Optional) Media Release and Authorization I hereby authorize the City and any news-gathering organization to publish my photograph, video and audio tape of me, with or without using my name, for use in news programming or electronic or print publication be used in City Public Relations.

Volunteer Signature: _____ **Date:** _____