



**CITY OF CUPERTINO VOLUNTEER WAIVER FORM**

I, the undersigned, (am at least 18 years old)\* and agree to volunteer my services to City Manager's Dept. of  
the City of Cupertino. ("City") (Department)

I understand that any changes to my pre-set schedule are subject to the approval, in advance, by an authorized representative of the City Manager's department.

I acknowledge that there is no salary or other compensation for my services as a volunteer.

I understand that during the course and scope of my volunteer services to the City, I will be covered under the City's Workers' Compensation self-insurance program. I also understand and agree that my sole remedy for any injury that I may sustain during the course and scope of my volunteer services to the City, which is covered by Workers' Compensation, shall be through the City's Workers' Compensation self-insurance coverage. I waive any other right or remedy that I may have available to me for any injuries occurring in the course and scope of my employment.

I also acknowledge and agree that my services are provided for the benefit of the City and may be terminated for any reason or for no reason and at any time by the City without notice or hearing.

*\*Parent/guardian must sign for minors under 18 years old.*

*Please Print*

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
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Volunteer/Parent/Guardian\* \_\_\_\_\_

Signature Date

\_\_\_\_\_  
Print Name

FOR MORE INFORMATION, PLEASE CALL: (408) 777-3331

PLEASE SUBMIT TO:  
CITY MANAGER'S OFFICE  
10300 TORRE AVE.  
CUPERTINO, CA 95014  
OR FAX TO: (408) 777-3366

\*\*\*\*\* FOR OFFICE USE \*\*\*\*\*

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DATE SERVICE BEGINS

DEPARTMENT HEAD