



3231 Main Street
Oakley CA 94561
925 625 7000 main
925 625 9859 fax
www.oakleyinfo.com

Dear Volunteer,

Thank you for your interest in assisting the City of Oakley in serving our community. Please take a moment to complete our volunteer application and waiver form (your information will be kept strictly confidential). We have several volunteer opportunities available throughout the year and would be pleased to have your assistance in a variety of our programs. If you have any questions, please contact our office at 925.625.7013.

The application deadline is 5 p.m. on May 24, 2013.

Thank you.



VOLUNTEER APPLICATION

SECTION ONE: GENERAL INFORMATION

Date Submitted: _____ Position of Interest: _____
Full Name: _____
Day Phone Contact: _____ Alternate Phone Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____
Gender: Male Female

SECTION TWO: STUDENT INFORMATION

Parent/Guardian: _____ Relationship: _____
Name of School: _____ Grade: _____
Teacher: _____ Date of Birth: _____

SECTION THREE: EXPERIENCE

California Drivers License Number: _____
Present Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Number: _____
What experience would you bring to this program? _____

Why are you seeking this opportunity? _____

SECTION FOUR: AVAILABILITY & INTEREST

When are you available?

Monday Morning 8am - 11am Afternoon 11 am - 3pm Evening 3pm - 6pm
 Tuesday
 Wednesday
 Thursday
 Friday

Available Start

Date: _____

Area of Interest: (e.g., project assistance, event planning/participation, data entry, research, public contact, etc.)

Why would you like to volunteer?



SECTION FIVE: LIABILITY WAIVER & EMERGENCY CONTACTS

Emergency Contact Name: _____
 Relationship: _____ Phone Number: _____
 Emergency Contact Name: _____
 Relationship: _____ Phone Number: _____

Waiver, Release and Indemnity Agreement and Permission to Secure Treatment

As the applicant or parent/guardian of an applicant that is participating in the City of Oakley’s Volunteer Program, I recognize and acknowledge that there are certain risks of physical injury. This Waiver, Release and Indemnity Agreement is intended to discharge in advance the City of Oakley, its officers, employees, volunteers, and agents from any and all liability arising out of or connected in any way with my or my child/ward’s participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this Waiver, Release and Indemnity Agreement is to be binding on my heirs and assignees. I agree to assume the full risk of any injuries, damages or loss that my or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with these activities. Parent/Guardian additionally agrees to indemnify the City against any claims or rights of action for damages which the minor/ward has before or after they reach age of majority. In the event of any emergency, I authorize City Officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my or my minor child’s/ward’s immediate care and agree that I will be responsible for payment of any and all medical services rendered.

- I agree to all of the above conditions, and
- I agree to abide by all instructions set forth by the City of Oakley staff during my participation in this program
- I understand that I am required to wear and/or use all safety equipment designated by the City of Oakley Staff.
- *I understand that I am subject to dismissal from participation of said activity for inappropriate and/or disrespectful behavior.*
- I have read and fully understand the above Waiver, Release and Indemnity Agreement and Permission to Secure Treatment.
- I understand that I will be treated fairly without discrimination.
- Each participant must have his or her own individual registration & waiver form!

Participant Signature: _____ Date: _____
 * Parent Signature: _____ Date: _____



DECLARATION

I, _____, in seeking to be hired by the City of Oakley as a volunteer to perform administrative services, hereby declare under penalty of perjury that the forgoing is true and correct and that this declaration is executed in Oakley, California on _____, 20____. I acknowledge and agree that should any answers to the foregoing questions be subsequently determined to be false and not true, the City of Oakley can immediately terminate my employment by it or ceasing allowing me to perform voluntary services, without notice.

I hereby agree to indemnify and hold harmless the City of Oakley from any and all claims, causes of action, suits, actions, damages, losses or liability arising out of termination of my volunteer services rendered to the City of Oakley which my occur should any of my answers to the foregoing questions be subsequently determined to be false and or untrue.

Volunteer Signature

Date

City Staff Signature

Date