



# TOWN OF LOOMIS

## VOLUNTEER INFORMATION AND AGREEMENT FORM

Dates of Service: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Name: \_\_\_\_\_

Group/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: _____	Phone: _____
Relationship to Volunteer: _____	
Medical Insurance Provider: _____	
Insurance ID Number: _____	

### All Volunteers Must Complete This Section

#### Volunteer Agreement

I \_\_\_\_\_, choose to participate in the \_\_\_\_\_ as a volunteer and understand that my services are donated to the Town of Loomis (Town) without contemplation of compensation or future employment, and given for humanitarian, religious or charitable reasons. I understand the Town's Workers' Compensation coverage applies if I am injured while rendering a volunteer service. I will report any injury or incident to my supervisor immediately. I agree to abide by any rules and directions provided by those helping to train/supervise me.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

### All Volunteers Under 18 Years of Age Must Have Parent or Legal Guardian Complete This Section

#### Consent of Parent or Legal Guardian for Minor's Participation as a Volunteer

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_

Choose to permit \_\_\_\_\_ to participate in the \_\_\_\_\_

as a volunteer. I understand that my child's or ward's services are being offered on a voluntary basis without anticipation of any financial remuneration. I agree that he/she will abide by any rules and direction provided by those helping to train/supervise. I understand the Town's Workers' Compensation Coverage applies in the event of an injury while rendering a volunteer service. He/She will report any injury or incident to his/her supervisor immediately.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### CONSENT OF PARENT OR LEGAL GUARDIAN TO MEDICAL, DENTAL, OR HOSPITAL CARE OF MINOR VOLUNTEER:

I, \_\_\_\_\_ the parent or legal guardian of \_\_\_\_\_, a minor, who was born on \_\_\_\_\_, authorize medical, dental, surgical or hospital care, treatment, or diagnosis of said minor and I agree to pay for any medical, dental, surgical, or hospital diagnosis, treatment, or care rendered to or for said minor for non-industrial injuries.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Consent of Parent or Legal Guardian to Use of Image of Minor Volunteer in Public Relations: Photos, videos of \_\_\_\_\_, my child or ward, may be used in Town of Loomis Public Relations.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## General Release and Waiver

I have read the information sheet and the above background to the Volunteer's Release and Waiver and each paragraph contained therein. I understand all the provisions in the Release and Waiver. I understand that I am eligible for Worker's Compensation benefits, but I will not under any circumstances receive any other type of compensation. I further understand that accidents and injuries can arise out of the event. Knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned below who, through negligence or carelessness, might otherwise be liable to me or my heirs or assigns for damages. I hereby release the Town of Loomis and all its employees and officers and waive all claims against them for personal injury (including death) and/or property damage, including such injury and/or damage incurred as a result of the negligence of any employee, agent, volunteer, or servant of the Town of Loomis. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Signature \_\_\_\_\_

Date \_\_\_\_\_