

VOLUNTEER APPLICATION

City of Brea
Community Services Department
1 Civic Center Circle, Brea 92821
BreaSpecialEvents@cityofbrea.gov
714-990-7771

The information on this application will help us find the most satisfying and rewarding volunteer service for you. Your cooperation in completing it is most important. **Please print clearly.**

Name _____ Email address _____

Address _____ City _____ Zip _____

Phone _____ Cell _____

Are you 18 years of age or older? Yes No Gender: Male Female

Emergency Contact: _____ Phone #: _____ Relation: _____

Additional Emergency Contact: _____ Phone #: _____ Relation: _____

Preferred volunteer assignments:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Theatre | <input type="checkbox"/> Youth Activities | <input type="checkbox"/> Senior Center | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Gallery | <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Office work | <input type="checkbox"/> Internships |
| <input type="checkbox"/> Art in Public Places | <input type="checkbox"/> Parks | <input type="checkbox"/> Sports | <input type="checkbox"/> Museum Volunteer/Docent |
| <input type="checkbox"/> Other _____ | | | |

Special Skills, Experience, Education, Languages Spoken (i.e., data entry, coaching, fund-raising):

Availability to volunteer:

- Weekday mornings Weekday afternoons Weekday evenings
 Weekends Other _____

Hours desired per day: _____ Hours desired per week: _____ Hours desired per month: _____

Type of Hours: Internship Volunteer Court-ordered

If this is for school credit please list school attending and a contact person at the school:

School: _____ Contact at School: _____ Phone #: _____

Yes No Have you ever been convicted (or are currently out on bail or out on your recognizance pending trial) of a felony, or a misdemeanor other than a minor traffic violation? If so, list what, when, where and disposition of case. (A criminal record does not constitute an automatic bar to volunteer placement, but will be considered in terms of the volunteer work to be performed.) _____

Date: _____ Signature: _____

Parental Consent if Volunteer Under 18 years of Age

I hereby allow my son/daughter to participate in the City of Brea's Volunteer Program.

Date: _____ Signature: _____

RETURN THIS FORM TO THE COMMUNITY SERVICES DEPARTMENT, COMMUNITY SERVICES VOLUNTEER COORDINATOR

CITY OF BREA

VOLUNTEER PARTICIPANT
WAIVER OF LIABILITY AND ASSUMPTION OF RISK
PLEASE READ CAREFULLY

I understand that my participation in the City of Brea (“City”) programs, operations, and/or activities is voluntary, and that I am donating my time and my labor by my own free choice. I also understand I am not a City employee and not covered by the City’s Workers’ Compensation insurance or any medical policy. I agree to perform my assigned tasks in a responsible manner that reflects positively on the City, and that the City has the option of discontinuing my services at any time. In consideration of being allowed to participate in volunteer activities, I hereby agree to **ASSUME THE RISKS OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH** in any way associated with my participation in this activity. I agree to **RELEASE, INDEMNIFY, AND HOLD HARMLESS** the City, its officials, employees, representatives, volunteers, and agents for any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, in law or in equity, and arising from or in any way connected with my participation in the City’s volunteer activities. I agree that the terms stated herein shall also serve as a **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I acknowledge that I have carefully read this WAIVER OF LIABILITY AND ASSUMPTION OF RISK and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Brea in connection with my participation in any volunteer activity. This waiver shall remain valid for three years starting on the date of signature.

I accept the conditions printed above:

Participant Signature

Date

Participant Printed Name

A parent or guardian signature is also required **if the participant is under 18 years of age**. By signing this **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** on behalf of a minor, the undersigned parent or guardian is agreeing to be bound by the above conditions on behalf of him or herself and on behalf of the participant.

Parent or Guardian Signature

Date

Parent or Guardian Printed Name