



CITY OF SAN DIEGO VOLUNTEER PARTICIPATION AGREEMENT

Name (individual/child/group leader) _____

Last

First

Middle

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Are you 18 or older? If No, state DOB ____/____/____ email address: _____

If group, name of group _____ (Group members sign-in on page 3)

I (or my child) _____, agree to volunteer my (or his/her) services to the City of San Diego in the capacity of _____ (initial ____ if Community Service Volunteer (Court Referred), in the _____ department.

I (or my child) understand my (or his/her) volunteer schedule to be the following days: _____ during the following hours: _____ for _____ months or until the project is completed.

I (or my child) am volunteering my (his/her) services for the City of San Diego on a voluntary basis without anticipation of payment of any kind.

I (or my child) certify that I (or he/she) have read and understand the Volunteer Opportunity Description and the Risk Assessment for this volunteer opportunity, and the rules and regulations applicable to the volunteer opportunity and the City's Volunteer Program. I (or my child) agree to abide by those rules and regulations.

I (or my child) further certify that I (or my child) am capable of performing the tasks set forth in the opportunity description and know of no physical condition which would preclude the performance of those tasks.

I agree (or agree to inform my child) not to use any equipment or tools with which I (or my child) am unfamiliar or do not know how to operate safely.

I agree (or agree to inform my child) to perform only those tasks assigned, observe all safety rules, and use care in the performance of assignments.

If I (or my child) cannot complete the project or otherwise meet my commitment, I (or my child) will notify the supervisor immediately.

I (or my child) acknowledge that I (or my child) may be dismissed at anytime.

I understand that my child (or I) may be photographed, videotaped, or recorded and that said photographs videos, or recordings may be used for promotional materials. I understand that my child (or I) will not receive compensation for the use of these and that my child (or I) might not be given notice of when these materials are used.

I (or my child) acknowledge that the City Council has adopted legislation governing liability and Workers' Compensation claims that may arise from my (or my child's) volunteer service. I understand that I (or my child) must follow policies and procedures, per City staff supervising my volunteer efforts, which ensure compliance with such legislation.

Date ____/____/____ Volunteer's signature _____



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If the volunteer is a minor (17 years of age and under) a parental/legal guardian must also complete the following information.

I, _____, consent to allow my minor child or dependant _____ to participate in the City of San Diego's Volunteer Program on the terms and conditions set forth above. I have signed this agreement on behalf of _____ and certify that I am his/her parent or legal guardian.

Date ____/____/____ Parent/Legal Guardian's signature _____

If the volunteer is a City of San Diego employee, they must also complete the following information.

I, _____, agree to perform volunteer services for the City of San Diego's under the terms and conditions set forth above. I acknowledge and agree that the services I will provide pursuant to this agreement are outside the scope of my duties as an employee of the City of San Diego, and are not within my job classification and are separate and apart from any paid work responsibility with the City of San Diego.

Date ____/____/____ Volunteer's signature _____

If a group is volunteering, Volunteer Group Leader must also complete the following information.

It is the responsibility of the Volunteer Group Leader to obtain permission slips from parents/legal guardians of minors 17 years of age and under. (Please attach permission slips to this sheet.) In addition to the On Site Volunteer Program Supervisor, the Group Leader must be present and provide supervision of minors 17 years of age and under during the volunteer work assignment.

Date ____/____/____ Volunteer's signature _____

Emergency Contact Information

Person(s) to contact if I become ill or injured while on volunteer assignment:

Name _____ Home Phone (____) _____ Work/Cell Phone (____) _____

Relationship to Volunteer _____

Name _____ Home Phone (____) _____ Work/Cell Phone (____) _____

Relationship to Volunteer _____

Name _____ Home Phone (____) _____ Work/Cell Phone (____) _____

Relationship to Volunteer _____

Any other information you would like in our files in case of emergency, including known allergies or physical limitations:

For City Use Only:

Location/Worksite _____

On Site Supervisor Signature _____

- Received Volunteer Opportunity Description and Risk Assessment
- Received applicable rules and regulations
- If volunteer will be driving personal vehicle, attach photocopy of Driver's License, auto registration and insurance card.