



CITY OF CHICO

APPLICATION FOR VOLUNTARY SERVICE



This information will assist in authorizing your services in accordance with City of Chico policy. The services to be performed by the applicant are voluntary. The applicant is an unpaid volunteer or intern of City of Chico.

VOLUNTEER PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	
Mailing Address:			City:	State:	Zip:
Primary Phone: ()	Secondary Phone: ()	Email:			
Driver License No.:	State Issued:	Class: ☐ A ☐ B ☐ C	Endorsements:		

Are you over 18 years of age?

(Employment is subject to verification that you meet any legal age requirement for the job applied for.)

☐ Yes ☐ No

Emergency Contact	Last Name:		First Name:		Relationship:	
	Physical Address:			City:	State:	Zip:
	Primary Phone: ()	Secondary Phone: ()	Email:			

Volunteer Services

Description of Volunteer Activity/Duties (describe in detail using attachments as necessary):

Volunteer Waiver and Release Form

I, _____ (hereafter "**Volunteer**"), agree to volunteer my services, freely and without coercion, and without expectation of any compensation whatsoever, to the City of Chico (hereafter "**City**"). I declare that I am not currently employed to perform similar services by the City.

Assumption of Risk - The Volunteer expressly assumes the risk of, and responsibility for, any injury (including death) or damage that he or she may sustain arising out of or in any way connected with the activity described above. This includes death or damage resulting from any acts or omissions, whether negligent or not, by or on behalf of the City, their officials, employees, volunteers or contractors.

Release - The Volunteer hereby releases, waives and discharges the City, its officials, officers, employees, agents, volunteers and contractors from any and all liability, claims or causes of action arising out of or in any way connected with the activity described above, or upon their acts or omissions, whether negligent or not. The Volunteer hereby agrees to this waiver on behalf of himself or herself, and his or her heirs, executors, administrators and assigns.

The Volunteer has been advised and understands that he or she may have rights under California Civil Code § 1542, which reads as follows: "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

The Volunteer expressly waives any rights conferred under California Civil Code § 1542, as well as any similar law of any state or territory of the United States. The Volunteer releases the City, their officials, officers, employees, agents, volunteers and contractors and waives all actions, claims, and demands that the Volunteer, his or her heirs, executors, administrators and assigns now have or may hereafter have for any personal injury (including death) and property damage the Volunteer may incur arising out of or in any way connected with the activity described in above, including damage incurred as a result of the negligence of the City, its officials, officers, employees, agents, volunteers and contractors.

Indemnification - The Volunteer hereby agrees, on behalf of himself or herself, and his or her heirs, executors, administrators, and assigns, to defend, indemnify and hold harmless the City, its officials, officers, employees, agents, volunteers and contractors from any and all claims for compensation, personal injury, property damage and wrongful death caused by the Volunteer's negligence or willful misconduct arising out of or in any way connected to the activity described above.

Knowing and Voluntary Execution - The Volunteer has carefully read this Waiver and Release Form and fully understands its contents. The Volunteer understands that he or she is giving up valuable legal rights, and has the right to seek the advice of an attorney. He or she knowing and voluntarily gives up these rights of his or her own free will. He or she is allowing the activity described above in Section 1(A) of this Waiver and Release Form to take place at his or her own risk.

Applicants Under the Age of 18 – Applicants under the age of 18 must have the Parental/Legal Guardian Consent section of this application (see page 2) completed prior to the commencement of any volunteer work for the City.

Signature:	Date:
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APPROVALS OF APPLICATION FOR VOLUNTARY SERVICE

PARENTAL/LEGAL GUARDIAN CONSENT (if applicable)

I, _____, am the parent or legal guardian of the Volunteer. I understand that the Volunteer may incur personal injury (including death), property damage, and/or personal liability by volunteering for the activity described above in Volunteer Services section of this Application for Voluntary Service. I have read and understand the Volunteer Waiver and Release section of this application. By my signature below, I agree to all terms of the Volunteer Waiver and Release section of this application on behalf of the Volunteer. I agree that the waivers and releases apply to me and any actions, claims or demands that I may bring, in my own name or on behalf of the Volunteer, arising from the Volunteer's participation in the activity described in this application.

Parent/Legal Guardian Printed Name:

Relationship to Volunteer:

Signature:

Date:

DEPARTMENT DIRECTOR APPROVAL

Department Name:

Division:

Volunteer Supervisor Name:

Job Title:

Type of Work To Be Performed by Volunteer:

Start Date:

End Date:

Volunteer Schedule (hours per day/days of week):

Work Location(s):

Do the duties to be performed require a DOJ LiveScan?

Does this volunteer service supplement the workforce and not displace it?

Is this individual in paid status with the City in the same or similar position?

Additional Comments:

Signature:

Date:

HUMAN RESOURCES & RISK MANAGEMENT APPROVAL

- ☐ I approve the use of this individual for voluntary service as described in the Supervisor Section above.
- ☐ I approve the use of this individual as described above, with the following conditional and/or modifications:

- ☐ I do not approve the use of this individual for voluntary service as described above for the following reason(s):

Additional Comments:

Signature:

Date:

**HR USE ONLY –
DOJ TRACKING**

ATI # & DATE

DOB

SOC #