



# City of Stanton

## One-Day Volunteer Application

DATE: \_\_\_\_\_ VOLUNTEER PROJECT: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
*First Last Middle Initial*

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_  
*Home Cell*

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
*Name Relationship Phone*

### As a volunteer I promise to:

- Participate fully in the above event/activity.
- Cooperate with directions from staff.
- Refrain from using my phone in any way that may hinder my focus on my job duties.
- Wear solid color pants, closed-toe shoes, and an appropriate shirt at the event. (No revealing clothing, inappropriate graphics/text.)
- Report any issues or concerns to staff.
- Maintain a positive and professional attitude, and have fun!

### RELEASE OF ALL CLAIMS AND LIABILITY

In consideration of the acceptance of my participation in the Stanton Volunteer Program, I hereby waive, release and discharge any and all claims for damages, for death, for personal injury or property damage which I may have or which may hereinafter inure to me, my heirs or my beneficiaries, as a result of my participation in said program. This release is intended to discharge, in advance, sponsors, officials and any and all involved municipalities and/or municipal employees from and against any and all liability arising out of or connected in any way with my participation in said program, even though that liability may arise out of negligence or carelessness on the part of the persons of entities mentioned above. I have fully read this form and fully understand the contents thereof and hereby freely and willingly apply my signature below as my agreement to this release of liability form. I hereby agree to indemnify and hold harmless the City of Stanton and its officers, agents or employees from any liability of claim or action for damages resulting from or in any way arising out of the participation in the Stanton Volunteer Program by the person registered above.

\_\_\_\_\_  
Volunteer Applicant's Name (Print)

\_\_\_\_\_  
Volunteer Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If under 18 years of age, Parent/Guardian Signature

\_\_\_\_\_  
Date

#### FOR OFFICE USE ONLY

Received on \_\_\_\_\_

Approved by \_\_\_\_\_