



City of Lynwood Volunteer Application/ Agreement Form



GENERAL: Applicants are requested to complete this form. (Use a typewriter or print in ink)
Incomplete or illegible applications may not be approve/considered. The City of Lynwood reserves the right to review and approve applications.

IMPORTANT NOTICE: States law requires that if you are 18 years old or over and you volunteer for a position that will bring you in contact with minors (i.e. those under 18), you must be fingerprinted and a back ground check may be completed.

Last Name First Name M.I Today's Date

Street Address City/State Zip Code

Home Phone Work Phone Cell No.

Areas of Interest:

- | | | | |
|-------------------|-----------------|-----------------------|---------------|
| Football | Kids Club | Playground/Leadership | Art 'N' Craft |
| Basketball | Park Programs | Music | Drama |
| Soccer | Youth Program | Aquatics/Swimming | Clerical |
| Baseball/Softball | Child Care | Gymnastics | Other: _____ |
| Boxing | Day/Summer Camp | Adult Sport Special | |
| Volleyball | Nature Study | Events | |

Give the name, address, and telephone number of the person to be notified in case of an emergency.

Last Name First Name M.I Phone No.

Street Address City/State Zip Code

Are you a current or former City of Lynwood employee? _____ Yes _____ No

Are any of your relatives (including relations by marriage) employed by the City of Lynwood?
_____ Yes _____ No

If you answered yes to the question above, please provide their name(s) and relationship(s).

*Minimum Hours to volunteer in the program is 40

Volunteer Release Waiver and Indemnity Agreement

I (please print) _____, the aforementioned individual, do hereby desire to participate in the City of Lynwood Volunteer Program. I certify that I am in good health and have no physical or other impediment which would endanger my participation in such program.

In consideration of the City's acceptance of my application to participate in the Volunteer Program, I for myself, my heirs, executors, administrators, and assigns, hereby waive, release, and discharge the City of Lynwood and its officers, agents, and employees ("releases") from any and all claims for damages, for death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the program. I further agree to indemnify and hold harmless the City of Lynwood and its officers, agents, and employees from any liability or claim or action for damages which in any way arises out of my participation in this program, even though that liability may arise out of negligence or carelessness on the part of any of the releases.

I FURTHER UNDERSTAND THAT ACCIDENTS MAY OCCUR DURING MY PARTICIPATION IN THE VOLUNTEER PROGRAM AND THAT PARTICIPANTS IN SUCH PROGRAM MAY SUSTAIN SERIOUS PERSONAL INJURIES AND/OR PROPERTY DAMAGE. AS A RESULT, KNOWING THESE RISKS, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS THE CITY OF LYNWOOD, ITS OFFICERS, AGENTS, AND EMPLOYEES FROM ANY LIABILITY TO ME OR MY HEIRS OR ASSIGNS FOR DAMAGES ARISING OUT OF OR RELATED TO MY PARTICIPATION IN SUCH PROGRAM.

I have read and understand the above volunteer application, release waiver and indemnity agreements.

Date of this _____ Day of _____ 20_____

Signature: _____ Print name: _____

Name of City facility to which you are applying: _____

OFFICE USE ONLY

Approved/Disapproved _____ Date ____/____/____
Staff Signature

Fingerprints Completed: _____ Date: ____/____/____
Staff Name