

City of Sacramento Short-term Volunteer Information and Agreement Form

Dates of Service: _____

Total Hours: _____

Name of Volunteer: _____

Volunteer's Address: _____

Work/Cell Phone: _____ Home Phone: _____

E-mail Address: _____

Group/Agency (if applicable): _____

Emergency Contact: _____	Phone: _____
Relationship to Volunteer: _____	Alt Ph: _____
Medical Insurance Provider/ID # (if applicable): _____	

All Volunteers Must Complete This Section: Volunteer Agreement

❖ I _____ {print name}, choose to participate in the Park Operations Division as a volunteer and understand that my services are donated to the City of Sacramento (City) without contemplation of compensation or future employment, and given for humanitarian, religious or charitable reasons. I understand that I am covered under the City's workers' compensation insurance in the event of an injury from rendering a volunteer service. I will report any injury or incident to my supervisor immediately. I agree to abide by any rules and directions provided by those helping to administer the Park Operations Volunteer Program and photos or videos of me may be used in City of Sacramento publications.

❖ **Signature of Participant:** _____ **Date:** _____

All Volunteers Under 18 Years of Age Must Have Parent or Legal Guardian Complete This Section

CONSENT OF PARENT OR LEGAL GUARDIAN FOR MINOR'S PARTICIPATION AS A VOLUNTEER

❖ I, _____, the parent or legal guardian of _____
Full Name of Parent/Guardian Name of Minor or Ward

a minor who was born on _____ {Minor's date of birth} choose to permit my child or ward to participate in the Park Operations Division as a volunteer. I understand that my child's or ward's services are being offered on a voluntary basis without anticipation of any financial remuneration. I agree that he/she will abide by any rules and directions provided by those helping to administer the Park Operations volunteer program. I understand that my child or ward is covered under the City's workers' compensation insurance in the event of an injury from rendering a volunteer service. He/She will report any injury or incident to his/her supervisor immediately.

IN ADDITION, I GIVE CONSENT AS PARENT OR LEGAL GUARDIAN TO MEDICAL, DENTAL, OR HOSPITAL CARE OF MINOR VOLUNTEER I authorize medical, dental, surgical, or hospital care, treatment, or diagnosis of said minor and I agree to pay for any medical, dental, surgical, or hospital diagnosis, treatment, or care rendered to or for my child or ward.

FURTHER, I GIVE MY CONSENT AS PARENT OR LEGAL GUARDIAN TO USE OF IMAGE OF MINOR VOLUNTEER IN PUBLIC RELATIONS: Photos, videos of my child or ward, may be used in City of Sacramento Public Relations.

❖ **Signature of Parent or Legal Guardian:** _____ **Date:** _____