



# VOLUNTEER APPLICATION

The City of Chowchilla does not discriminate in the selection of volunteers. Qualified volunteer applicants will be considered without regard to race, color, religion, national origin, sex, age, gender, sexual orientation, marital status, physical or mental condition, or any other prohibited basis under federal, state, or local law. For more information, call (559) 665-8615, ext.110.

Check one  Miss  Ms.  Mrs.  Mr.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell #2 \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

List your skill sets \_\_\_\_\_

Do you have any special needs or restrictions?  NO  YES, please list \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony?  NO  YES, please list \_\_\_\_\_

Are you volunteering in affiliation with an organization or special program (i.e., school, scouts, court-assigned service, non-profit, etc.)?  NO  YES

Please list the organization: \_\_\_\_\_



**VOLUNTEER APPLICATION**

I understand and agree that, if selected, I will be a volunteer for the City of Chowchilla. I further understand that my selection as a volunteer shall not in any way create an employment or independent contractor relationship between myself and the City and that I shall have no entitlement or right to, or any expectation of, any wages, benefits, or other forms of remuneration for my volunteer activities. I agree that no promise of future employment with the City or any of its representatives, agents, or affiliates, express or implied, has been made to me.

I understand that my services as a volunteer may result in photographs, social media posts, video, or other media (“Media”) being created that include my name, image, likeness, or voice recording and hereby consent to the City, and its successors, and assigns, using, and release all rights associated with the use of, such Media, for any purpose related to City business. To the extent that it applies, and as permitted by law, I further consent to and release all rights associated with, the use, for City business, of Media in which my minor children may appear (including name, image, likeness, and voice recording) as a result of their attendance at a City event related to my volunteer services. I understand and agree that I shall not be entitled to any form of compensation for the use of Media in which I or my minor children may appear as described herein.

If selected for volunteer services, I agree to indemnify and hold the City of Chowchilla, its employees, representatives, councilmembers, agents, and contractors (“City Parties”) harmless from any liability for any injury arising out of or in any way related to my volunteer activities. I further acknowledge that, if accepted as a volunteer, I may be covered under the City of Chowchilla’s workers’ compensation plan while performing volunteer services, and hereby agree that to the extent that it applies, workers’ compensation will be my exclusive remedy for any injury suffered while performing volunteer services, including, not limited to bodily injury, personal injury, illness, death, or property damage. I further agree to waive to the fullest extent permitted by law all other claims against the City of Chowchilla and City Parties relating to or arising out of my volunteer services. I further acknowledge that, if accepted as a volunteer, I may be covered under the City of Chowchilla’s workers’ compensation plan while performing volunteer services, and hereby agree that to the extent that it applies, workers’ compensation will be my exclusive remedy for any injury suffered while performing volunteer services, including, not limited to bodily injury, personal injury, illness, death, or property damage. I further agree to waive to the fullest extent permitted by law all other claims against the City of Chowchilla and City Parties relating to or arising out of my volunteer services.

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and understand that any misrepresentation may be grounds for disqualification from volunteer services.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY	
Date Received	Event