

VOLUNTEER AGREEMENT

To encourage interest in volunteer service by members of the Needles Community, the City of Needles, the Needles Public Utility Authority, Needles Redevelopment Agency, Needles Municipal Hospital and related City entities (collectively referred to herein as "City") have agreed to allow _____ (Participant) to provide uncompensated volunteer service to the City in the _____ department(s) on _____ (date) for _____ days. In consideration of City allowing the Participant the opportunity to engage in such volunteer activity and in exchange for Participant providing the City with his/her time, talent and service, the Participant and City agree as follows:

Release:

Participant hereby releases, holds harmless, the City and its legislative bodies and directors, officers, associates, agents, employees and representatives from and against any claim, liability, expenses, causes of action, injuries, illness, damages, losses, and lawsuit of any kind arising out of or related in any way to Participant's service as a volunteer to City.

Illness:

Participant forever releases from liability and discharges all claims and causes of action, present and future, against the City, and the directors, officers, associates, agents, employees or representatives of the City related to or arising out of any illness, disease, injury or health condition that Participant may contract, develop, receive, or come into contact with while participating as a volunteer to City.

Civil Code Section 1542 Waiver:

Participant understands and expressly agrees that the above releases contained in this Agreement extend to claims of every nature and kind, known and unknown, suspected or unsuspected, past or present, and that any and all rights granted under Civil Code section 1542 are hereby expressly waived. Section 1542 of the California Civil Code reads as follows:

"A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR"

Emergency Contact Information:

In case of an emergency, the participant requests the City to contact:

_____	_____	(____)_____	(____)_____
Emergency Contact Name	Relationship	Daytime phone	Cell No.

City Policy:

The Participant agrees to conform to and comply with all of the City's policies and procedures including those relating to safety and to follow the instructions of City staff.

Term:

Participant's participation as a volunteer shall take place on the dates set forth above. Notwithstanding the foregoing, the City or Participant may terminate Participant's participation as a volunteer at any time, with or without disclosing the reason for such termination.

No Compensation:

Participant and City agree that Participant is serving as an uncompensated volunteer and will not be entitled to any form of compensation or benefits from City.

City Manager

Date



**All Volunteers Must Complete This Section
Volunteer Agreement**

I _____, agree to the terms of this Agreement and I choose to participate in the _____, as a volunteer and understand that my services are donated to the 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 _____.

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 _____ agree to the terms of this Agreement and I choose to permit _____ to participate in the _____ 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 direction provided by those helping to administer _____. I understand that my child 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.

Signature of Parent or Legal Guardian: _____ Date: _____

CONSENT OF PARENT OR LEGAL GUARDIAN TO MEDICAL, DENTAL, OR HOSPITAL CARE OF MINOR VOLUNTEER:

I, _____ the parent or legal guardian of _____, a minor, who was born on _____, 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 said minor for non-industrial injuries.

Signature of Parent or Legal Guardian: _____ Date: _____