



CITY OF ARROYO GRANDE GROUP VOLUNTEER APPLICATION

Main Contact Information

Name: _____

Address: _____

Phone: _____ E-mail Address: _____

Type of Project

1. Group Service Project Eagle Scout Project Adopt-A-Park

2. Ongoing Project

-OR-

Date(s) of Project: _____ Time of Project: _____ to: _____

Park/Location/Site: _____

Group Information

Name of Organization: _____

Address of Organization: _____

Business Phone: _____

Estimated Number of Volunteers: _____ Estimated Age Range of Volunteers: _____

Person(s) to Notify in Case of an Emergency

Name: _____ Phone: _____

Name: _____ Phone: _____

Project Information

Description of Work:

Equipment/Supplies Your Group Can Provide:



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Agreement and Signature

- I understand and agree to the project concept stated above.
- I understand that this contract may be terminated at any time for not following the guidelines set-forth for the designated program.
- As directed, I will obtain signed Volunteer Applications from all participants and deliver to the department contact before work begins (*if under 18, need parent's signature).
- I agree all youth under the age of 15 will be accompanied by an adult.
- I agree to coordinate work schedule details with the department contact.
- I agree this project will be completed by above-stated date(s) or I will notify the department contact.
- I understand and agree that I am volunteering my services without any anticipation of financial compensation.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I authorize the City to perform a background check as necessitated by the volunteer position for which I am applying. Volunteers will be notified in advance if a background check is required. I, individually and on behalf of my heirs, successors and assigns, do hereby release, waive, discharge and relinquish City of Santa Rosa and its officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action for personal injury, property damage or death against them arising from or attributable to my participation in the volunteer activity, whether same shall arise by their negligence or otherwise. Furthermore, I warrant that I am in good health and have no physical condition that would prevent me from volunteering in this capacity.

Name (please print): _____

Signature: _____ Date: _____

If under 18, Parent/Guardian authorization is required

Name (please print): _____

Signature: _____ Date: _____