

# **Instructions for City of Palo Alto Volunteers**

*Do this before arriving at any city facility (such as Foothills Park).*

1. Fill out an Adult Waiver Form (for 18 and over) or a Minor Waiver Form (for those under 18).
2. Sign and date the waiver. If you are a minor, a parent or guardian must sign the waiver.
3. Fill out the Volunteer Identification Form (attached).
4. Sign and date the ID form. If you are a minor, a parent or guardian must ALSO sign the ID form.
5. Bring both the waiver and the volunteer ID forms with you to the volunteer site.

Thanks, and thanks for volunteering for Palo Alto!

# Adult Waiver



I am 18 years or over, and I desire to participate in \_\_\_\_\_

I AM AWARE THAT THIS ACTIVITY IS POTENTIALLY DANGEROUS AND AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE RISKS INVOLVED, BOTH EXPECTED AND UNEXPECTED, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF LOSS OR INJURY. INITIAL HERE \_\_\_\_\_

In return for the benefits I will receive from participation, I agree not to sue and hereby release and agree to hold harmless the City of Palo Alto, its employees, its agents, and any volunteers working with the City for and from liability and responsibility for any loss or injury connected with my participation in the activity except for loss or injury caused intentionally or by willful misconduct.

THIS RELEASE IS INTENDED TO PROTECT THE CITY, ITS EMPLOYEES, ITS AGENTS, AND ANY VOLUNTEERS WORKING WITH THE CITY FROM CLAIMS OF NEGLIGENCE (THE FAILURE TO USE REASONABLE CARE). HOWEVER, IT IS NOT INTENDED TO EXEMPT THEM FROM RESPONSIBILITY FOR THEIR WILLFUL OR INTENTIONAL INJURY TO THE PERSON OR PROPERTY OF ANOTHER.

I have carefully read this agreement and fully understand its contents. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, HOLD HARMLESS AGREEMENT, AND ASSUMPTION OF RISK AGREEMENT AND THAT IT IS A LEGALLY BINDING CONTRACT BETWEEN THE CITY OF PALO ALTO AND ME. I further understand that this release is binding on my heirs or anyone making a claim. I sign of my own free will.

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Signature of participant

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Print name

Date

# Minor Waiver



I, the parent or guardian of \_\_\_\_\_

a minor, agree to allow such minor to participate in \_\_\_\_\_  
including associated travel.

I AM AWARE THAT THIS ACTIVITY IS POTENTIALLY DANGEROUS AND AM VOLUNTARILY ALLOWING SUCH MINOR TO PARTICIPATE IN THIS ACTIVITY WITH KNOWLEDGE OF THE RISKS INVOLVED, BOTH EXPECTED AND UNEXPECTED, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF LOSS OR INJURY. INITIAL HERE: \_\_\_\_\_

In return for the benefits such minor will receive from participation, I agree not to sue and hereby release and agree to hold harmless the City of Palo Alto, its employees, its agents, and any volunteers working with the City for and from liability and responsibility for any loss or injury connected with such minor's participation in the activity except for loss or injury caused intentionally or by willful misconduct.

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\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

Attachment A  
**CITY OF PALO ALTO**  
**VOLUNTEER IDENTIFICATION FORM**

**TO BE FILLED OUT BY VOLUNTEER:**

**Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street, Apt. # City Zip Code

**Phone Number:** \_\_\_\_\_  
Area Code/Phone #

**Emergency Contact:** \_\_\_\_\_  
Name Area Code/Phone #

**Department:** \_\_\_\_\_ CSD / Open Space \_\_\_\_\_

**Desired Volunteer Dates/Frequency:** \_\_\_\_\_  
Start Date End Date

**Are you a City staff member?** Yes  No

**Are you under the age of 18?** Yes  No   
If you are under the age of 18, please provide date of birth: \_\_\_\_\_

**Have you ever been convicted of a violation of the law excluding minor traffic violations?** Yes  No

**TO BE FILLED OUT BY DEPARTMENT:**

**Supervisor's Name:** \_\_\_\_\_

**Assignment and Summary of Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |  |   |
|--|---|
| 1. Need to drive vehicle on business? Yes <input type="checkbox"/> No <input type="checkbox"/> | 4. Need for fingerprinting*? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Need to travel on business? Yes <input type="checkbox"/> No <input type="checkbox"/>        | 5. Need for TB testing? Yes <input type="checkbox"/> No <input type="checkbox"/>      |
| 3. Need for references? Yes <input type="checkbox"/> No <input type="checkbox"/>               |   |

**TO BE SIGNED BY VOLUNTEER AND SUPERVISOR:**

This is to acknowledge that I desire to volunteer my services to the City of Palo Alto, performing duties similar to those listed above and that services rendered by me will be at the direction of the above named volunteer supervisor. I understand that I will not be compensated for these services and that I serve at the pleasure of my supervisor.

\_\_\_\_\_  
Signature of City Volunteer (and parent if volunteer is under age 18) Date

\_\_\_\_\_  
Signature of City Personnel Date

\*Fingerprinting is required for certain volunteers pursuant to state law including Education Code §10911.5, and must be implemented by departments for volunteers as required by City of Palo Alto Policy and Procedure 2-28/HRD.