



City of Laguna Hills Community Services Department

Volunteer Program Application

Volunteer Name: _____ Date of Birth: _____

Address: _____

School now attending (if applicable): _____

Year in school: _____ Phone # _____

Do you have any volunteer experience?

Yes _____ No _____

If yes, please explain: _____

Do you have any health problems that could affect your ability to volunteer?

Yes _____ No _____

If yes, please explain: _____

Have you ever been arrested and/or convicted for anything other than a minor traffic violation?

Yes _____ No _____

If yes, please explain: _____

Please give a brief statement explaining why you are interested in volunteering with the City of Laguna Hills Community Center: _____

Please list your favorite hobbies, interests, or special skills: _____

Please mark which activities you are interested in:

Community Service Hours (High School) ☐

Build-A-Fort (Dates: _____) ☐

Jr. Build-A-Fort (Dates: _____) ☐

Playtime (Dates: _____) ☐

Earth Day Laguna Hills ☐

Teens Make a Difference Program ☐

Release and Waiver of Liability and Indemnity Agreement

In consideration of the opportunity to participate in these activities, I hereby release, waive, and hold harmless the City of Laguna Hills ("City") and it's Council members, officers, employees, agents, instructors, activity organizers and sponsors (collectively "City Representatives") from any and all suits, claims, damages, losses, injuries (including property damage, bodily injury, or death), and any other compensable loss of any time (collectively "Claims") to myself and "My Agents" (which includes my minor children, members of my organization, agents, and employees) arising out of participation in these activities, whether or not the negligence of the City or City Representatives contribute to or cause the Claims. This release does not apply to the extent the Claims are caused by the gross negligence or willful or wonton misconduct of the City or City representative. I further agree to defend and indemnify the City and City Representatives from any and all Claims directly or indirectly arising out of the acts or omissions of me or My Agents. I consent for video and photographs to be taken of me and My Agents for use in future City publications and understand that I and My agents will not receive any compensation for such use.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS, AND AGREE ON BEHALF OF MYSELF, MY SPOUSE AND MY CHILDREN.

Signature of Volunteer or Parent/Guardian of Volunteer if under 18 years of age

Date

Print Name (Parent/Guardian)

Print Name of Volunteer