

CITY OF CAMPBELL VOLUNTEER REGISTRATION – Single event

The City of Campbell requires that all volunteers be registered, oriented, supervised and participate in any training required by their chosen volunteer job. All registered volunteers are covered by the City's Workers' Compensation Insurance while on volunteer assignment or participating in training directly connected with such duty. The following information will be on file in the Main Recreation Office.

VOLUNTEER'S NAME: _____

Address: _____

Street

City

State

Zip

Phone: _____ Cell Home

Email Address: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP TO VOLUNTEER: _____

Phone (_____) _____

Any known medical conditions for the volunteer that we should be aware of: _____

PARTICIPATION AGREEMENT:

In return for orientation, training, supervision and evaluation of my volunteer efforts, I agree to:

_____ take my volunteer commitment seriously and work in a professional manner;
_____ keep my agreed upon schedule, which includes: being on time, notifying my project supervisor in case of illness, delay, unavoidable absence or the need to discontinue my assignment before its completion;

Signature _____ Date: _____

TO BE COMPLETED ONLY IF VOUNTEER IS A MINOR (Under 18 years of age):

If an emergency occurs involving the above named minor and a parent/guardian cannot be reached, the undersigned authorizes the Recreation Supervisor (supervisor of minor's volunteer assignment), or such substitute as he/she may designate, as agent for the undersigned, to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor. This must be deemed advisable by and rendered under the general or special supervision of a licensed physician, surgeon or dentist.

Signature of Parent/Guardian _____ Date: _____