

VOLUNTEERS IN ACTION
SPECIAL EVENTS APPLICATION
City of La Mirada Community Services Department



Date: ____/____/____

Event: _____

Personal Information (please print):

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ Zip: _____

Male ___ Female ___ Date of Birth: ___/___/___ E-mail address: _____

Home Phone # _____ Alternate Phone #: _____

Do you have transportation? Yes ___ No ___

Please list any physical limitations: _____

In addition to English, please list any languages spoken: _____

How did you hear about us? _____

School Information:

Are you volunteering for school credit? Yes ___ No ___ List School: _____

If yes, how many hours do you need? _____ By what date do the hours need to be completed? _____

In conjunction with a club/organization? Yes ___ No ___

If yes, name of club/organization: _____

Emergency contact(s):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Special Health Information: _____

The City of La Mirada considers volunteer applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a medical condition or disability, or any other legally protected status.

Individuals must be 13 years of age or older to participate in the Volunteers in Action program.

VOLUNTEERS IN ACTION

Release of Liability and Assumption of Risk

I desire to participate, and/or allow my minor child, _____ ("my child" herein), to participate in the City of La Mirada Volunteers in Action Program ("the Program"), which I understand may include, if assigned, sporting and other strenuous physical activities, and vehicular transportation to an activity site. In consideration of me and/or my child being permitted to participate in the Program, and to the maximum extent permitted by law, I hereby voluntarily waive, release and discharge in advance any and all actions or causes of action and claims for personal injury, property damage and/or wrongful death that I, my child, and/or any of our heirs or other successors in interest may have, or that may hereafter accrue, as a result of such participation in the Program, including any transportation and/or all other activities incidental thereto. This release is intended to release and hold harmless in advance the City of La Mirada, its officials, officers, employees and volunteers ("Sponsors" herein) from any and all liabilities, claims and/or actions arising out of or connected in any way with my and/or my child's participation in the Program, even if caused by the active or passive negligence of any of the Sponsors. I further expressly authorize the provision of emergency medical aid to me and/or my child, if needed during the Program.

I understand that serious accidents occasionally occur during similar activities, and that participants sometimes sustain serious or fatal personal injuries as a result. Knowing these risks, however, on behalf of me and/or my child I nevertheless expressly assume those risks and agree that under no circumstances will I, my child, or any of our heirs or successors in interest, prosecute any civil action or claim for personal injury, property damage or wrongful death against any of the Sponsors who, through active or passive negligence or otherwise, might be liable to me or my child, or any of our heirs or other successors in interest for damages.

I AM SIGNING THIS DOCUMENT WITH THE INTENT TO RELEASE AND HOLD HARMLESS IN ADVANCE THE CITY OF LA MIRADA, AND ITS ELECTED OFFICIALS, OFFICERS, EMPLOYEES AND VOLUNTEERS FROM ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE AND/OR WRONGFUL DEATH CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE CAUSED BY ANY OF THEM, TO THE MAXIMUM EXTENT PERMITTED BY LAW. I HAVE READ THIS DOCUMENT AND UNDERSTAND AND ACKNOWLEDGE THAT MY MINOR CHILD AND I ARE GIVING UP IMPORTANT LEGAL RIGHTS BY SIGNING THIS DOCUMENT.

Printed Name of Adult or Child Applicant

Signature of Adult Applicant or Child's Parent/Guardian

Date

If a minor (under 18 years of age) please provide:

Parent/Guardian Name _____

Phone _____

Parent/Guardian Name _____

Phone _____