

CITY OF TEMPE VOLUNTEER OFFICE ADULT VOLUNTEER APPLICATION

Application Date: _____

Name:					
Address:					
City:	State:	_ Zip:			
Phone Number:	E-mail:				
Gender: Male Female	Birthdate:/	_/			
Current Occupation:					
School or Employer:					
Education Background: Circle Highest Grade Completed 1 2 3 4 5 6 College_					
Do you have transportation: Yes No					
Experience					
Skills and Interests: Please share items that can be of use to the volunteer program.					
Please list type of volunteer work that would be of interest to you:					
Is there anything that might limit your volunteer work:					
Is there anything that might limit your volunteer work:					

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AFTERNOONS							
EVENINGS							
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Volunteer Waiver:

I acknowledge that participation in this program/project involves some risk of injury up to and including death, and I assume these risks. I further acknowledge that I am physically capable of performing the activities required. As a participant in this project, I release and hold harmless the City of Tempe and its personnel from any liability for any injury or death arising from participation. I also agree to release the City of Tempe of any responsibility for damage to or loss of property arising from participation in this activity.

Medical Authorization:

I authorize the City of Tempe to obtain any emergency transportation and medical treatment necessary for me in the event of injury or illness. I further understand that the city of Tempe has no medical insurance to pay for these medical expenses incurred on my behalf and that I accept responsibility for any emergency transportation and medical treatment expenses and any subsequent medical bills that I may incur.

COVID-19 Waiver:

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, my child(ren), or members of my group or organization, may be exposed to or infected by COVID-19 by participating in the Tempe Volunteer program/ project and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I voluntarily agree to assume the risk and accept sole responsibility for any injury to myself, my child(ren) or members of my group or organization. I hereby release, covenant not to sue, discharge, and hold harmless the City of Tempe and its personnel and partners, of and from any claim that may arise from or in connection with myself, my child(ren) or members of my group or organization's participation in the Tempe Volunteer program/ project.

Volunteer's Name: ______

Volunteer's Signature:		Date:
For Staff Use Only:		
INTERVIEW:	SITE ASSIGNED:	SUPERVISOR:
TRAINING:	VOLGISTICS ACCT:	WELCOME SENT: