

VOLUNTEER APPLICATION

130 South Main Street
 Lake Elsinore, CA 92530
 www.lake-elsinore.org/volunteer



Contact Information

Name: _____
 Address: _____
 City: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____
 Emergency Contact: _____ Relationship: _____
 Emergency Phone: _____

FOR OFFICE USE ONLY	
Received	_____
Logged in	_____
Live Scan	_____
Waiver	_____
Gaurdian	_____

Hours Needed for Graduation Yes No Adult 18+
Area(s) of Interest: Under the age of 18, please list date of birth: _____
 City Office Support
 Emergency Services Support (CERT)
 Special Events

Liability & Release Waiver

I hereby acknowledge that as a volunteer for the City of Lake Elsinore (“Agency”), I am not an employee of the Agency and I am not covered under the Agency’s workers’ compensation plan. I intend to perform voluntary services for the Agency without compensation.

As a condition of performing the above referenced volunteer duties, I hereby knowingly and unequivocally waive, release and discharge any and all rights that I, my heirs, assigns, agents or other representatives may have or which hereafter may accrue to me, to file any claim, lawsuit and/or any other cause of action against the Agency, its employees, officers, agencies, other volunteers and officials as a result of performing said volunteer services. In granting this full and complete release and waiver of liability on the part of the Agency, I specifically waive California Civil Code Section 1542, which states:

“A general release does not extend to claims, which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him, must have materially affected his settlement with the debtor.”

I expressly desire to release the Agency, its employees, officers, agencies, other volunteers and officials from any financial responsibility to me for any personal injury and/or property damage I may incur as a result of my voluntary services, even when it results from the negligence, both active and passive, of the Agency and/or its employees.

I understand that accidents and injuries can arise out of my volunteer activities; knowing the risk, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the Agency, its employees, officers, agencies, other volunteers and officials, who (through negligence or carelessness) might otherwise be liable to me (or my heirs, assigns, agents or other representatives) for damages.

No promise, inducement, or agreement has been made to me to induce me to release the Agency from liability for any personal injury and/or property damage incurred by me as a result of my voluntary services, nor has any promise, inducement, or agreement been made to me in return for the express waiver of rights referred to above.

I have read and understand this release:

Name (Printed): _____ Signature: _____ Date: _____

IF UNDER 18 YEARS OF AGE, THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED.

Parent/Guardian (Printed): _____ Signature: _____ Date: _____