



**VOLUNTEER AGREEMENT**

Volunteer Applicant Name: \_\_\_\_\_

I, \_\_\_\_\_, (hereafter the "Undersigned")  
Certify that all statements on this application are true and complete to the best of my knowledge. I hereby authorize the City of Lathrop to investigate any information contained in this application, I understand that false or misleading statements shall be sufficient grounds for disqualification from being a volunteer for the City of Lathrop. Further, I understand that the position for which I am applying for is voluntary and no compensation for the service performed will be given, with the exception of possible reimbursement of incidental expenses upon prior approval. I also understand that I will report to an assigned supervisor and I will be responsible for following all rules and regulations as outlined by my supervisor. The work I will be performing can be suspended or terminated at any time as determined necessary by the supervisor or any other supervisor within the City. I also understand that I am under no obligation to work, that I am not an employee, and no work performed as a volunteer can be considered employment with the City; however, I will give three (3) working days prior notice if I can not perform a duty assigned.

I voluntarily agree to participate, or for my child to participate, as a volunteer. I hereby waive, release, and hold harmless, the City of Lathrop and its elected and appointed officials, agent, and employees from any liability or claims for damages for personal injury, including death, as well as from any and all claims of any type which may arise in connection with the above-named activity. As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury. I hereby give permission to the City of Lathrop to use my, or my children's photographs as they see fit in their recreation brochure or other advertising. I understand the photograph(s) belong(s) to the City of Lathrop and I will not receive payment of any kind.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**(Required if applicant is under 18 years of age)**

*I hereby certify I have never been arrested for or convicted of any felony or misdemeanor involving sexual or physical abuse of any adult or child, or any felony narcotics offense and I understand that independent adult volunteers working with minors are required to be fingerprinted prior to beginning their volunteer assignment. I authorize the City of Lathrop to obtain my criminal records and understand that fingerprinting will be arranged by the Recreation Department and/or the Personnel Department at no expense to me. I will not report to work until I have been fingerprinted, cleared, and notified by the City.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Official use only:**  
Supervising Department: \_\_\_\_\_  
Department Approval: \_\_\_\_\_

Fingerprint Status:  accepted       denied       other \_\_\_\_\_  
Human Resource Representative: \_\_\_\_\_

**CITY OF LATHROP**  
**Emergency Information/Medical Treatment**

**This page required if applicant is under 18 years of age**

**Volunteer Name** \_\_\_\_\_

**EMERGENCY CONTACTS**

Name:	Telephone Number:	Relationship:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**MEDICAL INFORMATION**

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

If physician can not be reached, what action should be taken?  
\_\_\_\_\_

Medical Insurance plan and group number:  
\_\_\_\_\_

Does your child have any allergies? If yes, please explain:  
\_\_\_\_\_

Is child presently under a doctor's care? If yes, please explain:  
\_\_\_\_\_

Does child take prescribed medication(s)? If yes, please explain:  
\_\_\_\_\_

**PERMISSION FOR MEDICAL TREATMENT**

In case of an accident or an emergency, I authorize a staff member of the City of Lathrop or other emergency personnel to take my child to the above named physician or to the nearest emergency hospital for any emergency treatment and measures as are deemed necessary for the safety and protection of the child at my expense.

**Signature required in order to participate as a Volunteer for the City of Lathrop**

Parent /Guardian \_\_\_\_\_

Date \_\_\_\_\_

**OPTIONAL - RIDE-ALONG AUTHORIZATION**

As a Volunteer of the City of Lathrop there may be an opportunity for your child to volunteer at more than one location. During such times your child may have an opportunity to ride-along as a volunteer in a City of Lathrop Vehicle in order to be transported between locations. Your signature below approves for your child to ride-along and be transported in a City of Lathrop vehicle during the active performance of official duties.

My child, \_\_\_\_\_ has permission to ride-along with a member, or members, of the City of Lathrop as a volunteer for the City of Lathrop during the active performance of official duties. I understand that this is not a guarantee of transportation for my child and that I will be notified when/if my child is transported.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)