CITY OF IRVINE

VOLUNTEER REGISTRATION

FOR OFFICE USE ONLY

DEPT: ☐ CC ☐ CD ☐ HI ☐ PW ☐ CM ☐ CS ☐ FM

☐ INTERNSHIP ☐ VOLUNTEER

☐ APPOINTMENT EFFECTIVE _____

☐ RESIGNATION EFFECTIVE _____

VOLUNTEER NAME		SEX ☐ M ☐ F	I CERTIFY THAT I AM OVER THE AGE OF 18 ☐ YES ☐ NO
ADDRESS*			DATE OF BIRTH*
CITY	STATE	ZIP	HOME PHONE*
EMAIL			MOBILE/WORK PHONE*
OTHER LANGUAGES SPOKEN			DRIVER'S LICENSE NO. (If applicable)*
EMERGENCY CONTACT*	RELATIONSHIP		HOME PHONE*
ADDRESS*			WORK PHONE*
CITY	STATE	ZIP	MOBILE PHONE*
SITE ASSIGNMENT(S)		PROGRAM	

Participants and/or legal guardians agree to the following: IN CONSIDERATION of accepting this registration to participate in any way in the calendar year 2021, and to the extent permitted by law, I hereby agree to release, indemnify, defend and hold harmless on behalf of myself (and any minor children for whom I have the capacity to contract) the City of Irvine and its officers, clients, agents, contractors, instructors, authorized volunteers, and employees from and against any and all liabilities, claims, penalties, losses, or expenses (including attorneys' fees), of any kind or nature whatsoever, whether related personal injury, death, communicable diseases, illnesses, viruses (including but not limited to COVID-19), property damage or any other form of injury or loss to myself (and to any minor children for whom I have the capacity to contract), caused by any negligent act or omission of the City of Irvine or its officers, clients, agents, contractors, instructors, authorized volunteers, or employees, arising out of or in any way related to participation in the activity/activities for which I (and any minor children for whom I have the capacity to contract) register to participate in any way in the calendar year 2021. I acknowledge that the activity/activities to which this release applies can be dangerous and can expose me (and to any minor children for whom I have the capacity to contract) to risks of personal injury, death, communicable diseases, illnesses, viruses (including but not limited to COVID-19), and property damage, and as a result of signing below, I am accepting those risks for myself and for any minor participants for whom I can contract. I give permission to the City of Irvine to take photographs of me or my children while participating in this activity/activities for use in future City publicity and understand that I will not receive any compensation for such use.

APPROVED BY

VOLUNTEER _____ DATE

PARENT _____ DATE

SUPERVISOR _____ DATE

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☐ PARENT CONSENT FOR PARTICIPATION/TREATMENT (for volunteers under 18 years of age)

☐ FINGERPRINTING (for volunteers over 18 years of age working with minors)

☐ TB TEST ON FILE (for positions working with or near children or food)

☐ VALID DRIVERS LICENSE (for positions involving use of City or personal vehicle) *EXP DATE* _____

☐ AUTOMOBILE INSURANCE (for positions involving use of personal vehicle) *INSURANCE PROVIDER* _____ *EXP DATE* _____