

**WAIVER OF LIABILITY AGREEMENT**

I, \_\_\_\_\_, do hereby declare that, as a volunteer working on  
(Volunteer's name)  
my own accord, the City of Holtville will not be held liable for any compensation for work performed. Further more, the City of Holtville will not be held responsible for any harm to me or my property that may occur as a result of an accident while performing volunteer services. The sole purpose for this volunteer work is to gain personal hand-on experience while volunteering at the City. The City of Holtville is in no way obligated to provide or offer me employment in the future.

I will work under the close supervision of the \_\_\_\_\_ and assist only in non-operational tasks around the City. I will not operate any City owned equipment or vehicle without express consent from the \_\_\_\_\_.

This agreement is effective as of \_\_\_\_\_, until further notice.  
(date)

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
Signature of Parent or Guardian if Applicant is a Minor

\_\_\_\_\_  
DEPT. MANAGER SIGNATURE

\_\_\_\_\_  
CITY MANAGER SIGNATURE

**THIS FORM MUST BE COMPLETED AND RETURNED TO  
DEPARTMENT HEAD FOR APPROVAL**

DESIRED EFFECTIVE DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ PAGER: \_\_\_\_\_

**WHAT IS YOUR INTEREST AS A VOLUNTEER? (check appropriate box and explain)**

- |   |  |
|---|--|
| <input type="checkbox"/> Graduate                         | <input type="checkbox"/> Interested Citizen                                  |
| <input type="checkbox"/> University/Comm. College Student | <input type="checkbox"/> School Faculty                                      |
| <input type="checkbox"/> High School Student              | <input type="checkbox"/> Gov't Agency (Military, other Related Agency, etc.) |
| <input type="checkbox"/> Other                            |  |

(EXPLANATION): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IN CASE OF AN EMERGENCY, PLEASE LIST INFORMATION OF PERSON TO BE CONTACTED:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**THIS SECTION FOR DEPARTMENT MANAGER USE ONLY**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REJECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_