



WAIVER OF LIABILITY AGREEMENT

I, _____, do hereby declare that, as a volunteer
(Volunteer's name)
working on my own accord, the City of Holtville will not be held liable for any compensation for work performed. Furthermore, 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 no way obligate 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(S): _____

FULL NAME: _____

DATE OF BIRTH: _____

PHONE: _____

WHAT IS YOUR INTEREST AS A VOLUNTEER? (Check appropriate box or boxes 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"/> Government 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: _____