# Volunteer Application

The Town of Erie does not discriminate on the basis of race, color, religion, national origin, sex, age disability or any status protected by law or regulation. It is our intention that all qualified applications be given equal opportunity and that selection decisions are based on factors most beneficial for Parks & Recreation Department programs and activities.

### Please fill out the following form completely

 **Contact Information**

#### Full Name: Date of Birth (MM/DD/YY) / /

Street Address: City: State: Zip:

Daytime Phone: ID/Driver License #:

Email:

Emergency Contact Info (Name & Phone Number):

Position(s) Desired:

Why do you want to volunteer?

Duties (*to be completed by staff*):

 **Volunteer Waiver**

In consideration for being permitted to perform the described volunteer activities for the Town of Erie, I hereby acknowledge, represent, and agree as

follows:

I understand that said activities are or may be dangerous and do or may involve risks of injury, loss, or damage. I further acknowledge that such risks may include but not be limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage. I acknowledge that such risks may arise from a variety of foreseeable and unforeseeable circumstances connected with the use of the activities, including but not limited to the duties of said volunteer position.

I hereby expressly assume all such risks of injury, loss, or damage to me or to any third party arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the Town of Erie, its officers, its employees, or by any other cause.

I further hereby waive, and exempt, release, and discharge the Town of Erie, its officers, and its employees from, any and all claims, demands, and actions for such injury, loss, or damage, arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence,

or other fault of the Town of Erie, its officers, its employees, or by any other cause, excepting only the willful and wanton conduct of the Town’s officers or

employees.

I further agree to defend, indemnify and hold harmless the Town of Erie, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, including any third party claim asserted against the Town of Erie, its officers, employees, insurers, or self-insurance pool, on account of injury, loss, or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any way related to the above-described activities, whether or not caused by my act, omission, negligence, or other fault, or by the act, omission, negligence, or other fault of the Town of Erie, its officers, its employees, or by any other cause, excepting only the willful and wanton conduct of the Town’s officers or employees.

I hereby acknowledge and agree that said AGREEMENT extends to all acts, omissions, negligence, or other fault of the Town of Erie, its officers, and/or its employees, and that said AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion hereof is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I understand and acknowledge that the Town of Erie, its officers, and its employees are relying on, and do not waive or intend to waive by any provision of this RELEASE AND INDEMNIFICATION AGREEMENT, the monetary limitations (presently $350,000 per person and $990,000 per occurrence) or any other rights, immunities, and protections provided by the Colorado Governmental Immunity Act, C.R.S. §24-10-101 et seq., as amended, or otherwise available to the Town of Erie, its officers, or its employees.

I understand and agree that this RELEASE AND INDEMNIFICATION AGREEMENT shall be governed by the laws of the State of Colorado, and that jurisdiction and venue for any suit or cause of action under this Agreement shall lie in the courts of Boulder County.

This RELEASE AND INDEMNIFICATION AGREEMENT shall be effective as of the date set forth below and shall be binding upon me, my successors, representatives, heirs, executors, assigns, and transferees.

I authorize the Town of Erie, to arrange emergency medical care should it become necessary to do so in the event of injury to me. I understand that I am solely responsible for payment of all costs resulting from rendering medical aid, ambulance service or any other incidental costs.

Participants may be photographed while utilizing the Erie Community Center, or participating in the Erie Parks & Recreation activities and said photographs, or likeness of me, may be used to publicize activities as the Town of Erie deems appropriate, and I fully release the Town of Erie and

### Please see reverse 4

allow the use of such photographs and images.

# Volunteer Application, cont.

##  Confidentiality Waiver

The volunteer agrees that s/he will not, at any time during or after his/her volunteer tenure with the Town of Erie, disclose any confidential or proprietary information to any person, other than those persons properly authorized. Additionally, the volunteer agrees that s/he will not permit any person, other than those authorized, to make copies of any reports or documents that were either prepared by the volunteer during his/her tenure with the Town or which came into his/her possession during his/her tenure with the Town.

The volunteer recognizes that the disclosure of such information may be harmful to the Town, and the volunteer agrees that such disclosure is

cause for immediate dismissal.

The volunteer agrees that s/he will, at all times, comply with all security guidelines that may be in effect for the protection of the Town or any department of the Town relating to the maintenance of files, documents and/or records.

#### I certify that the information provided above is correct to the best of my knowledge. I hereby give permission for the Town of Erie to conduct a background check. Please note, neither a credit check nor a credit report will be conducted as part of this volunteer application.

I understand that at the Town’s discretion or if any of the information provided is found to be untruthful or if the results of the background check are found to be unacceptable for working with participants by the Town of Erie, then my application will not be accepted.

Printed Name of Applicant: Signature:

Date: / /

Printed Name Guardian (if under 18): Signature:

Date: / /