



City of Hayward Youth Volunteer Application - Parent Agreement

Name: _____
Last First Middle

Address: _____ City: _____ Zip: _____
Street

Home Phone: () _____ Cell Phone: () _____ Date of Birth _____

<p>1. I, _____, am the parent/guardian of _____, and I am not an employee of the City of Hayward. My child wishes to participate as a volunteer in the following City programs:</p> <p><input type="checkbox"/> Library Services - Homework Helper, Student Friends, General, Special Events</p> <p><input type="checkbox"/> Police Department—Police Explorers</p> <p><input type="checkbox"/> Public Works (including Hayward Community Festival)</p> <p><input type="checkbox"/> Other assignment: _____</p> <p>2. Does your child have any special skills or related training that he/she is willing to share or that might help in a volunteer assignment? (examples: computers, fluency in another language) _____</p> <p>3. What is your child's student/employment status?</p> <p><input type="checkbox"/> Student at _____ Grade _____</p> <p><input type="checkbox"/> Other: _____</p> <p>4. Other information you wish to share about your child:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Name of Parent/Guardian (circle one): _____</p> <p>Address: _____</p> <p>_____</p> <p>Parent/Guardian phone number:</p> <p>Home _____</p> <p>Work _____</p> <p>Cell _____</p>
<p>I am available to volunteer at the following times:</p> <p>Monday: _____</p> <p>Tuesday: _____</p> <p>Wednesday: _____</p> <p>Thursday: _____</p> <p>Friday: _____</p> <p>Saturday: _____</p> <p>Sunday: _____</p> <p>Date when I can start volunteering: _____</p>	

Medical Treatment Authorization and Emergency Contact Information

In case of a medical emergency where I am not able to authorize medical treatment for my child, I hereby expressly give my permission to the activity or volunteer supervisors to contact 9-1-1 to obtain whatever reasonable medical care is necessary and for which I hold the City harmless. Emergency Contact other than parent:

Name: _____ Home Address: _____

Relationship: _____ Home phone: _____ Work phone: _____

Youth Volunteer Commitments and Policies

- I will perform only the duties of my volunteer assignment as required by my supervisor.
- I will not socialize with city staff or participants outside of the City's program.
- I will not obtain telephone numbers, e-mail addresses, or home addresses from program clients for my personal use.
- I will follow City of Hayward rules and I will behave appropriately. I will support City of Hayward policies.
- I will maintain confidentiality of the City's confidential information, and I will not use such information for any personal use.
- I will be free from the influence of alcohol or illegal substances when volunteering.
- I will inform my supervisor of any changes in my address, telephone numbers, or emergency contacts.
- I will inform my supervisor if I will be absent or when I stop volunteering.
- I will attend any training required for my volunteer position, and I will volunteer at the required times in order to remain an active volunteer.
- I will follow the appropriate dress/clothing guidelines.
- I will not bring friends, family members or other unauthorized people to my volunteer assignment.

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1. In consideration of the City's authorization to allow my child to participate as a City of Hayward youth volunteer in accordance with the Youth Volunteer Commitments and Policies, I hereby agree and acknowledge on behalf of my child (Print Child's First & Last Name: _____) the following:

a. That the City of Hayward, its officers, employees, agents, volunteers, and sureties, and each of them shall not be responsible or liable for any wrongful death, personal injury, or damage or loss of property incurred by my child while participating as a City of Hayward volunteer, whether the same shall arise by the negligence or omission of any said persons, or otherwise.

b. That it is my express intention, on behalf of my child, by this instrument, to exempt and relieve the City of Hayward, its officers, employees, agents, volunteers and sureties from liability for personal injury, property damage, or wrongful death caused by my child's negligence.

c. That for my child, and any and all heirs, executors, administrators and assigns for my child, I hereby release the City of Hayward, its officials, officers, directors, employees, agents, volunteers, and sureties, and each of them, and agree to defend, indemnify, and hold the City of Hayward, its officials, officers, directors, employees, agents, volunteers, and sureties, and each of them, harmless from and against any and all loss, liability, damage, including but not limited to, reasonable attorney's fees, consultant and expert fees and/or court costs, directly or indirectly arising out of or in connection with my child's participation in any activity or activities as a volunteer.

d. That for my child, I hereby waive application of California Civil Code Section 1542. I certify that I have read the following provisions of California Civil Code Section 1542:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

I understand and acknowledge, on behalf of my child, that the significance and consequence of this waiver of California Civil Code Section 1542 is that even if my child should eventually suffer additional damages arising out of participating as a volunteer for the City, my child will be unable to make any claim for those damages. Furthermore, I acknowledge that I intend these consequences even as to claims for damages that may exist as of the date of this release but which I do not know exist, and which, if known, would materially affect my decision to execute this release, regardless of whether the lack of knowledge is the result of ignorance, oversight, error, negligence, or any other cause.

2. I give the City of Hayward and any other media sources my full permission to use my child's name and/or pictures, or voice recordings, for any publicity and/or promotional purposes without obligation or liability to me or my child.

3. I have carefully read this entire document and understand its terms and their legal significance. This waiver, release and indemnification is freely and voluntarily given in return for allowing my child's participation as a volunteer for the City of Hayward. My signature is intended not only to bind my child, but all successors, heirs, representatives, administrators, and assigns that my child may have. No oral representations, statements or inducements apart from this written agreement have been made.

4. I agree to inform a representative of the City of Hayward of any special needs of my child.

5. I represent that I am the legally responsible guardian for the above named child. I fully consent to my child's participation as a volunteer for the City of Hayward. As used "parent" refers to me and "child" refers to my child. Is there any custody order affecting the child? Yes No If yes, please attach it.

6. That for my child, all the information provided in this application is true and correct and that the City of Hayward can terminate my child's volunteer assignment at any time without cause and without notice.

Parent Signature: _____

Date: _____

Youth Volunteer Signature: _____

Date: _____

Approved: Date: _____ Department Head (or designee): _____