



City & County of Broomfield **Age 18 and Under** VOLUNTEER APPLICATION

Full legal name FIRST NAME : _____ MI _____ LAST NAME _____ Application Date _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____	Gender Male _____ Female _____ Under age 13? Yes ___ NO ___ Over 16 Yes ___ No ___ PHONE NUMBERS Cell # _____ Home # _____ Email _____
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WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT / VOLUNTEER PROGRAM

I, _____, understand and agree that I am not an employee of the City and County of Broomfield and will not represent myself as such.
 I do hereby further understand and agree:

- That I have read and understand the activities described in the **Volunteer Activity Description which is attached or provided on the website** and incorporated herein by this reference. That I am aware that there may be certain risks involved in providing volunteer services for the City and County of Broomfield, said risks may include injury or accident to person or property or other loss, and I freely, voluntarily, and with such knowledge assume any such risks while volunteering my services.
- That the City and County of Broomfield and its employees, agents and assigns **shall not be responsible or liable for any injury damage, loss or expense**, either to me or my property incurred while volunteering my services and resulting from any act or omission on the part of any employee, agent, or assign of the City and County of Broomfield.
- For myself, my heirs, executors, administrators, and assigns, to defend, indemnify, release, and **hold harmless**, the City and County of Broomfield and all of its employees, agents, and assigns from and against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages, liability or expenses, including attorney's fees, of every kind and nature incurred or arising by reason of any actual or claimed act or omission of mine while volunteering my services to the City and County of Broomfield, including, but not limited to, claims of sexual harassment, civil rights violations, or relating to alcohol or drug use.
- That the City and County of Broomfield **reserves the right to terminate me from my volunteer services**, in its sole and exclusive discretion.
- That the City and County has **my permission to use for any purpose any photographs, videotapes, recording or any other record** which may contain pictures or recordings of me participating in this volunteer program.
- That the information in this **volunteer application is true and complete**. I understand and agree that false statements, misrepresentations or omissions of information in this application may result in rejection of this application.
- That in the event that I am selected to become a volunteer for the City and County of Broomfield, **I agree to comply with all of its ordinances, rules, and regulations**. I fully understand and agree to provide my services to the City and County of Broomfield as a volunteer in a voluntary capacity and that I will receive no compensation or benefits for services provided, and that I am NOT subject to any of the provisions of Title 2 of the Broomfield Municipal Code regarding Personnel Administration
- That I am **NOT insured by Worker's Compensation Insurance**. I understand and agree that I am covered by an Accident Medical Insurance Policy, only as a secondary or excess insurance policy that only insures me to the extent I am not otherwise insured by Medicaid, Medicare, or any group or individual insurance policies. I understand and agree that said **secondary insurance** provided by said Accident Medical Insurance Policy is subject to the limitations of coverage in that policy, including the **limits of coverage of \$25,000 per loss** that is reported within 30 days of the date an injury is incurred. I understand and agree that said secondary insurance policy is available for my review in the Human Resources Department.
- I acknowledge it is my responsibility to be sure that **my emergency contact information is current**. In the event of any emergency, **I authorize the provision of medical treatment deemed necessary for my immediate care** from any licensed hospital, physician, and/or medical personnel, and I agree that I will be responsible for payment of any and all such services rendered. I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

Student Signature _____ **DATE:** _____

OR JUVENILE'S PARENT OR LEGAL GUARDIAN CONSENT:

I, the undersigned, do certify that I am the parent of legal guardian of the above applicant, that I have read and understand the above WAIVER OF LIABILITY AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT; and that I consent and agree to the terms stated therein. In the event that an injury or accident occurs while the above referenced applicant is volunteering, it shall be my sole responsibility to provide insurance coverage or guarantee of financial responsibility.

PARENT OR LEGAL GUARDIAN SIGNATURE:	DATE:
EMERGENCY CONTACT TELEPHONE NUMBER:	

Please list information about yourself:

Skills	Occupations	Interests	Education
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Office environment:

Clerical work

- Reception desk
- Back Office
- Envelope Stuffer ◇
- Library book processing
- Library book repair

Computer

- Data input, maintain date records Y
- Bike, Dog or Pawn REGISTAR

Location Preference

- Sr. Center/BCC
- Municipal Bldg
- Auditorium
- 6 Garden Center
- Health & Human Svcs
- Derda Recreation Ctr.
- Library
- Police
- Detention

Other:

Volunteering with:

- Toddler/Infant
- School/Youth
- Adolescents
- Adults
- Disabled
- Elderly

KEY ◇ only when needed
Y=Youth, G=Group oppt.

Outreach / Off-Site

Driver

- Meals on wheels
- Medical appt. driver ◇

Outdoor physical labor

- Yard maintenance Y,G
- Storm Drain Marking Y, G
- Trail building ◇ Y, G
- Street/park/trail clean-up Y, G
- Planting days
- Master Gardener
- Wildlife Master
- Nature Instructors
- Handyman ◇

1-to-1 personal volunteer

- Friendly visitor
- Adult Literacy Tutor

Applicant is (check all that apply)

- Intern
- Group
- Adult
- Under 18
- Funded /training
- Sr. Tax Work-Off
- Service Learning

Availability

MON TUE WED THUR FRI SAT SUN

Times Times Times Times Times Times Times

Program Support

Food Service

- Serving lunch

Special Events

- Sports Events ◇ Y, G
- Holiday Events ◇ Y, G
- Broomfield Days
- Emergencies ◇

Specialty

- Auditorium Ushers ◇
- Conversation Class facilitator
- Book Shelves

Cleaning/Sorting

- Library Inventory
- Clothes closet sorter
- Recreation cleaning

Recreation

- Coach
- Assistant Coach Y
- Special needs Asst Y
- Nature Program

Program Assistant

- Teen library (teens only) Advisory board member
- Children's library Y
- Book Group Facilitator
- Library Adult Programs
- Fingerprinter