

CITY-PARENT STUDENT VOLUNTEER APPLICATION AND AGREEMENT WITH INDEMNITY

APPLICATION

Name of Child:	Phone day:	Phone evening:
Parent/Guardian:	Phone day:	Phone evening:
Address:		
Emergency Contact Name:	Phone day:	Phone evening:
Emergency Contact Address:		

Is there any custody order affecting the child? (YES NO) If yes, please attach it. The City may require both parents to sign this Agreement.

Child's School: _____ Grade: _____ Birth Date: _____

Does the child have any medical problems that would interfere with participation in the Activity? (YES NO) If yes, describe:

In the event of a medical emergency involving my child, the City of Yreka and its agents and employees, are authorized to immediately transport my child to Fairchild Medical Center and initiate any necessary medical care, for which I hold the City Harmless.

Parent: _____ Date: _____

Parent: _____ Date: _____

AGREEMENT & REPRESENTATIONS

I understand that this agreement consisting of the following Representations and Responsibilities is required for my Child's participation as a VOLUNTEER for the City of Yreka, and that participation is conditioned on the my compliance with this Agreement and the Policies and Procedures of the City of Yreka. My signature on this document indicates the following:

I am enrolling my child as a volunteer with the City of Yreka. The City may direct my child's participation in those Activities as may be designated by the City from time to time.

_____ (initial) I agree to provide to the City of Yreka, in writing, all of the necessary information and authorization of any change in the information provided in this Application and Agreement.

_____ (initial) I represent that my child is not subject to any school discipline or judicial supervision at this time, and if my child becomes subject to school discipline or judicial supervision while serving as a Student Volunteer, I will promptly notify the City representative supervising my child as a volunteer. I understand that the City will not give credit to offset any school discipline or any community service requirement for judicial supervision through my child's participation as a volunteer.

_____ (initial) I represent that my child is in good health is able to lift and carry objects weighing up to 25 pounds, can walk up and down stairs in both buildings and vehicles, and can walk without difficulty over moderately hilly terrain for periods of up to one hour.

_____ (initial) I represent that I am the legally responsible guardian for the above named child. I fully consent to the child's participation as a volunteer for the City of Yreka. As used hereafter, "parent" refers to me and "child" refers to my child.

_____ (initial) I agree to inform a representative of the City of Yreka of any special needs my child may develop.

_____ (initial) I have read this Agreement and agree to comply with its terms as well as all Policies and Procedures of the City of Yreka, and I agree to the responsibilities for parents and providers listed below.

PARENT RESPONSIBILITIES

Parent agrees to:

1. Provide transportation to and from the City location where the child will serve as a volunteer.

