ID No. _____
Department:
Division:
Program:

Teen Volunteer Application

(Volunteer is a minor if under 18 years of age)

Name: Last First Middle Initial

Address: Number Street Apt. No. City State Zip Code

Home Phone ( ) Work Phone ( )

E-mail Address: Age: Month / Day / Year (optional)

Emergency Contact: (1)
Name: Relation Day Phone Evening
Address: City Zip

Emergency Contact: (2)
Name: Relation Day Phone Evenings
Address: City Zip

Can you perform all of the essential work functions as described in the job announcement for the position?

If the answer is NO, please give details: _____

WORK EXPERIENCE: Are you presently employed? (Check as many as apply.) ☐ Full-time student ☐ Part-time student ☐ Employed part-time ☐ Employed full-time

CURRENT SCHOOL/EMPLOYER
Name of School: _____ City Located: _____ Grade: _____
Name of Business and Job Title: _____
Supervisor: _____ Work Address: _____
PREVIOUS WORK/VOLUNTEER EXPERIENCE:
Reference: _____ Phone: _____

WHAT VOLUNTEER POSITION ARE YOU APPLYING FOR?

Times Available:
Summer: ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sat ☐ Sun ☐ Mornings ☐ Afternoons ☐ Evenings
School Year: ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sat ☐ Sun ☐ Mornings ☐ Afternoons ☐ Evenings

Length of Assignment Desired: ☐ 3 mos. ☐ 6 mos. ☐ 6-12 mos. ☐ Spot jobs ☐ Special projects
☐ 2-4 hrs. ☐ 4-6 hrs. ☐ 6-8 hrs. ☐ More than 8 hrs. ☐ Daily ☐ Weekly ☐ Monthly

Do you have transportation to and from your volunteer assignment? ☐ Yes ☐ No

Fluent Languages (other than English): Language: _____ ☐ Read ☐ Speak ☐ Write

PARENTAL CONSENT / LIABILITY WAIVER / PERMISSION RELEASE / PHOTO RELEASE

I hereby consent to allow my child to participate on a voluntary basis for the City of Fremont. I understand the responsibilities of this position as stated in the job description and acknowledge that my child's participation shall be within the agreed upon hours per day/per week. I also understand that because my child's participation in the described activities is on a voluntary basis, no employment relationship exists between my child and the City of Fremont. I further agree to hold harmless the City of Fremont in regard to any injury sustained by my child during the time he/she is engaged in voluntary activities with the City. I agree to authorize the City of Fremont to utilize any photographed or videographed images of my child in brochures, flyers, displays or other promotion purposes without any compensation from the City.

I hereby agree to indemnify and hold harmless and blameless the City of Fremont, its officers, employees or agents from any and all liability from damages, loss or injuries, either to person or property, which the said minor may sustain while engaged in any activity conducted by or in connection with the City of Fremont including but not limited to transportation. I further certify that I have legal custody by reason of the fact that I am the parent or the legal guardian by court order. I hereby represent that the said minor is physically able to participate in the activity set forth herein.

I agree to reimburse or make good any loss or damage or costs that the City may have to pay if any litigation arises on account of any claim made by said minor, or anyone in said minors' behalf, resulting directly or indirectly from said minors' participation in the City's activities.

I agree that in case of injury or illness or other circumstances requiring parental permission for medical care, the City of Fremont staff shall have the authority to obtain medically necessary care at my expense and to review medical records of the minor, in case we cannot be reached after reasonable efforts have been made. I further understand that in case of injury, serious illness, or in extreme cases of disciplinary action, the City of Fremont staff will, if need be, send home my son/daughter by the first available transportation at my own expense.

Signature of Applicant: Date:

Signature of Parent/Guardian: Date: Work Phone: