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VOLUNTEER APPLICATION FORM				
Last name		First name		MI
Address				
City		State		Zip code
Home phone		Cell phone		Work phone
Email address				

QUESTIONNAIRE
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
What type of volunteering are you interested in doing?
What days are you available? <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Weekends
What times are you available? <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings
How many hours per week can you volunteer?
What are some of your skills, abilities or special interests that are applicable to the volunteering work you would like to do?

VOLUNTEER ACKNOWLEDGMENT, WAIVER AND RELEASE
<p>As a volunteer:</p> <ul style="list-style-type: none"> • My participation in the Activity is voluntary and on the City's behalf. I agree to be subject to the City's direction and control. • I know, and I am aware that there are dangers and risks associated with my participation in the Activity. Said dangers and risks may include injury or accident to my person or property or other losses either foreseeable or unforeseeable. I voluntarily assume any and all risks or dangers whether known or unknown, while volunteering my services. • I understand and agree that neither the City its employees, agents, nor any person acting on behalf or at the direction of the City, may be held liable in any way for any occurrence in connection with this Activity which may result in harm, death, injury or other damage to me,

and I hereby release and forever discharge the City, its employees, agents or any person acting on behalf of or at the direction of the City from any such liability.

- This release and waiver of liability does not release or waive liability for any injuries that I obtain as the result of willful, wanton or intentional misconduct by the City or any person acting on behalf of the City.
- I agree to defend, fully indemnify, and hold harmless the City its employees, agents or any person acting on behalf of the City from any claim, cause of action, cost or expense or liability of whatever nature that the City its employees, agents or any person acting on behalf of the City may incur as a result of my conduct, actions or omissions while performing or participating in the Activity.
- It is my express intent that this Waiver and Release shall bind the members of my family, if I am alive and my heirs, assigns and personal representatives if I am deceased.
- I agree to follow all City policies including, but not limited to safety, workplace conduct and other relevant policies.
- I authorize the City to conduct a background check as required by City Code, City Policies or State Statute (If required you will be provided notice and you will be subject to a background check and must provide information requested for that purpose.)

VOLUNTEER CONSENT

Your signature below indicates that you have read and understand each and every of the above items and you agree to be bound by them. If you are under the age of 18, your parent or guardian must also review these items and sign below.

Applicant Name (Print)

Applicant Signature

Date

I, _____, am the parent or legal guardian of the applicant, and I agree to allow him/her to be bound by the conditions set forth above.

Guardian Name (Print)

Signature

Date