

CITY OF BURBANK VOLUNTEER PROGRAM



Burbank Volunteer Program Enrollment Form

1301 W Olive Ave, Burbank CA 91506
Phone: (818) 238-5370



Submit completed form to:
by email BVP@burbankca.gov
or via fax: (818) 238-5388

VOLUNTEER APPLICATION

Date:
Name: Male: Female:
Street: City: Zip:
Phone: E-mail Address:
Birth Date:
Are you a U.S. Veteran?
Physical Limitations you wish to disclose?
I Drive Driver's License #
I am insured by Auto Insurance Company:
I do not drive I use Public Transportation

In an EMERGENCY contact:

Emergency Contact Name:
Relationship:
Street: City: Zip:
Phone Number:

Have you ever been convicted of a crime other than a minor traffic violation?

Please Note: Background checks, such as Live Scan, will be utilized for some placements.

I understand that if I use my personal automobile traveling to and from and during my volunteer service and want to be covered by BVP Excess Automobile Liability Insurance, it will be my responsibility to keep in effect my automobile liability insurance equal to the minimum required by the State of California and to keep my driver's license current.

PLEASE SIGN BELOW

BVP Volunteer Signature Date BVP Staff Signature Date

TO BE COMPLETED UPON RECEIPT OF APPLICATION

Acknowledgement and Signature

I acknowledge the following:
I have received a copy of the Burbank Volunteer Program Operations and Volunteer Handbook and I have read and understand the handbook.

BVP Volunteer Name (PRINT) Date BVP Volunteer Signature Date





# CITY OF BURBANK VOLUNTEER PROGRAM



## WAIVER & RELEASE OF LIABILITY MEDICAL EMERGENCY TREATMENT

The undersigned is voluntarily participating in the City of Burbank Volunteer Program, subject to the City's sole discretion and approval. In consideration of being allowed to participate as a volunteer, the undersigned acknowledges and agrees that:

I have voluntarily applied to participate in this program. I promise to adhere to the rules established for the program.

I acknowledge that the City of Burbank has obtained the following insurance policies which may apply to me in the event of a covered accident or occurrence that occurs during the course and scope of my duties as a program volunteer: Accidental Death and Dismemberment Coverage and Excess Accident Medical Expense Coverage for personal injuries; and Volunteer Excess Automobile Liability Insurance and Excess Volunteer Liability Insurance. I understand that the City pays for these policies, and there is no cost to me as a volunteer. The City may make changes to such policies, and will notify me in the event of a change.

I am voluntarily participating in this program with knowledge of the risks involved. I hereby agree to accept any and all risks of injury, death, or property damage associated with my participation in this program. I am responsible for understanding how to properly perform tasks within the course and scope of my volunteer duties, and will inquire if I am unsure of proper performance. I will not perform tasks that are beyond my ability.

I grant the City of Burbank permission to use my photographs and images (including video images) for the purpose of publicizing and marketing City activities. I understand that no compensation shall be given for use of these photographs and that these images shall become the sole property of the City of Burbank.

As a condition of the City of Burbank's permitting me to participate in this program, I HEREBY AGREE that, to the maximum extent of the law, I and my heirs, distributees, guardians, legal representatives, and assigns WILL NOT MAKE A CLAIM AGAINST, SUE, OR PROSECUTE the City of Burbank, its officers, agents, and employees for any injury, death or property damage that I may sustain as a result of my participation in this program, except for claims arising out of the gross negligence or willful misconduct of the City.

In addition, I HEREBY RELEASE AND DISCHARGE the City of Burbank, its officers, agents, and employees from and against ALL ACTIONS, CLAIMS, OR DEMANDS for any injury, death or damage resulting from my participation in this program, except for claims arising solely out of the gross negligence or willful misconduct of the City. This release and discharge applies to myself, my heirs, distributees, guardians, legal representatives, and assigns.

**I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND THAT I AM AWARE THAT THIS IS A WAIVER AND RELEASE OF LIABILITY BETWEEN MYSELF AND THE CITY OF BURBANK, AND I SIGN IT OF MY OWN FREE WILL.**

\_\_\_ By my signature below, I hereby certify that I am eighteen (18) years of age or older.

\_\_\_ I am under the age of eighteen (18) years. My parent/guardian has read this form with me and completed the additional parent/guardian Waiver and Release.

Date: \_\_\_\_\_

\_\_\_\_\_   
Print Name

\_\_\_\_\_   
Signature

