



PARKS AND RECREATION

**CITY OF BURBANK
VOLUNTEER PROGRAM / SPORTS VOLUNTEER PROGRAM**

Burbank Volunteer Program Enrollment Form
1301 W Olive Ave, Burbank CA 91506
Phone: (818) 238-5370 Fax: (818) 238-5388
BVP@burbankca.gov

FOR SPORTS VOLUNTEERS ONLY	
Team Name/Division	
Season (please circle)	
Deadline:	

Check the boxes that apply:

- | | |
|--|--|
| <input type="checkbox"/> Volunteer Coach | <input type="checkbox"/> Minor (Under 18 years of age) |
| <input type="checkbox"/> General BVP Volunteer Program | <input type="checkbox"/> Adult (18 years and older) |

Date: _____
 Name: _____
 Street: _____ City: _____ Zip: _____
 Phone: _____ E-mail Address: _____
 Birth Date: ____/____/____

Are you a U.S. Veteran? No Yes
 Physical Limitations you wish to disclose: No Yes _____

Emergency Contact Name: _____
 Relationship: _____
 Phone Number: _____

FOR BVP VOLUNTEERS ONLY (NOT NEEDED FOR YOUTH SPORTS VOLUNTEERS):

Driver's License Number: _____
 Auto Insurance Company: _____
 I Do Not Drive:

For Office Use Only:

	1st Contact	Interview Date	2 nd Contact	Supervisor Contact	Inactive Sent	Letter	Terminated
Date:							
Staff Initials:							

	Enrollment Form Received	LiveScan Complete	NCSI Complete	Received TS	Entered Volunteer Reporter	Scanned
Date:						
Staff Initials:						



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

