CITY OF Fremont

Teen Volunteer Application

Dept.:
Division:
Program:
I.D. #:
_____

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 of Birth (optional)

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

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

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 TYPE OF VOLUNTEER JOB ARE YOU MOST INTERESTED IN AND WHAT ARE YOUR PRESENT GOALS FOR A VOLUNTEER JOB? (e.g., gain school credit, work experience, etc.)

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

CERTIFICATION:

I hereby certify that all statements made in this application are true, and I authorize investigation of all matters contained in the application on behalf of my minor child. I acknowledge that any false statements or misrepresentation on this application constitutes cause for the City to deny my minor child's volunteer application placement or to immediately dismiss my minor child at any time during the volunteer placement. I am aware that fingerprinting and a background investigation will be required before any volunteer placement in the Police or Fire Departments, and as well as for any other sensitive volunteer placements.

(Parent/legal guardian signature is required if volunteer is a minor under 18 years of age)

Signature of Applicant: Date:

Signature of Parent/Guardian: Date: Work Phone:

Return to: Human Services Dept at 3300 Capitol Avenue, Fremont, CA 94538 ***Phone: 510-574--2050*** *HS-038/ss 08/06/2025*

CITY OF Fremont

Human Services Department
3300 Capitol Avenue, Building A | P.O. Box 5006, Fremont, CA 94537-5006
510 574-2050 *ph* | 510 574-2054 *fax* | www.fremont.gov/hs

HUMAN SERVICES VOLUNTEER PROGRAM
RELEASE, INDEMNIFICATION, & HOLD HARMLESS AGREEMENT
PARENTAL CONSENT FORM

(To be completed and signed by parent/guardian of volunteer if volunteer is under 18 years of age)

THIS IS AN IMPORTANT LEGAL DOCUMENT
PLEASE READ IT CAREFULLY BEFORE YOU SIGN IT

I, _____, being the legal parent or guardian of _____ ("Minor") and hereby consent and authorize the Minor's participate in the City of Fremont ("City") Human Services Volunteer Program ("Volunteer Program") and to perform voluntary services without compensation for the City's Human Services Department. I understand the responsibilities of the Volunteer Program and agree and acknowledge that the Minor's participation shall not exceed_____ hours per day/week.

Assumption of Risk: I am aware that the Minor's participation in the Volunteer Program involves an element of risk and danger of accidents and injuries. I agree that the Minor's participation in the Volunteer Program is with my full and complete knowledge of the danger involved and that all volunteer activities are to be performed by the Minor at the Minor's own risk. I further agree to assume full responsibility for the Minor's conduct and actions, including any injury to the Minor or others or damage to property that may result while volunteering, and I understand that the City is not responsible for the conditions the Minor creates or those created by others.

I EXPRESSLY ACCEPT AND ASSUME ALL RISKS OF INJURY, DEATH, OR PROPERTY DAMAGE ASSOCIATED WITH THE MINOR'S PARTICIPATIN IN THE EXPLORER PROGRAM.

(PLEASE INITIAL) _____

Workers' Compensation: I have been advised that the City's policy is to cover volunteers as employees of the City for the purposes of workers' compensation benefits only. I also understand that under workers' compensation laws, workers' compensation benefits will be the Minor's sole remedy if the Minor is injured while performing volunteer activities for the City.

Loss of Property: I understand that the environment and conditions in which the Minor is volunteering may cause damage to my personal property or that of the Minor. I understand and acknowledge that the City is not responsible for any loss or damage to any personal property belonging to me or the Minor that results from the Minor's participation in the Volunteer Program. I agree that I will not file any claims against the City for any personal property loss or damage for whatever the cause.

Waiver and Release: With the exception of workers' compensation benefits, on behalf of myself, the Minor, and our heirs and personal representatives, I hereby release, waive, and forever discharge the City, its elected and appointed officials, officers, employees, agents, volunteers and contractors

(hereinafter collectively referred to as “Releasees”), from any and all liability, claims or causes of action arising out of or in any way connected with my participation in the Volunteer Program (“Waiver and Release”). I agree and acknowledge that this Waiver and Release shall apply even if negligent acts or omissions on the part of the Releasees may have caused or contributed to the death, injury or property damage.

I expressly waive all rights or benefits which I may now have or in the future may have under the provisions of Section 1542 of the California Civil Code, which provides as follows:

> “A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known to him or her, would have materially affected his or her settlement with the debtor or released party.”

Indemnification: To the full extent permitted by law, on behalf of myself, the Minor, and our respective heirs and personal representatives, I expressly agree to defend, indemnify, and hold harmless Releasees from and against any and all liability, claims, demands, damages, losses, causes of actions, suits, or judgments of any kind whatsoever (including attorney’s fees and all costs and expenses incurred in connection therewith) by reason of injury to, or death of, any person or persons, or property damage, including loss of use thereof resulting from the Minor’s negligence or willful misconduct while participating in the Volunteer Program.

Photographic Release: I hereby grant and convey to the City all rights, title, and interest in any and all photographic images and video or audio recordings made of the Minor during their participation in the Volunteer Program, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings, as well as the right to publicly display or use such images and recordings on City’s website, in advertising or promotional materials, or for other purposes.

I HAVE CAREFULLY READ THIS RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT BY SIGNING IT I AM GIVING UP LEGAL RIGHTS. I REPRESENT THAT I HAVE HAD THE OPPORTUNITY TO SEEK THE ADVICE OF MY OWN INDEPENDENT LEGAL COUNSEL, AND I AM CONSENTING TO THE MINOR VOLUNTEERING AT THE CITY AT THE MINOR’S OWN RISK. I UNDERSTAND THIS IS WAIVER AND RELEASE, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

_____

Printed Name of Parent/Legal Guardian

_____ _____

Signature of Parent/Legal Guardian Date