

**City of Sacramento Short-term Volunteer
Information and Agreement Form**

Dates of Service: _____

Total Hours: _____

Name: _____

Group/Agency _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail Address: _____

Emergency Contact: _____ Phone: _____

Relationship to Volunteer: _____

Medical Insurance Provider: _____

Insurance ID Number: _____

All Volunteers Must Complete This Section

Volunteer Agreement

I _____, choose to participate in the _____, as a volunteer and understand that my services are donated to the City of Sacramento (City) without contemplation of compensation or future employment, and given for humanitarian, religious or charitable reasons. I understand that I am covered under the City's workers' compensation insurance in the event of an injury from rendering a volunteer service. I will report any injury or incident to my supervisor immediately. I agree to abide by any rules and directions provided by those helping to administer _____.

Signature of Participant: _____ Date: _____

All Volunteers Under 18 Years of Age Must Have Parent or Legal Guardian Complete This Section

Consent of Parent or Legal Guardian for Minor's Participation as a Volunteer

I, _____, the parent or legal guardian of _____ choose to permit _____ to participate in the _____ as a volunteer. I understand that my child's or ward's services are being offered on a voluntary basis without anticipation of any financial remuneration. I agree that he/she will abide by any rules and direction provided by those helping to administer _____. I understand that my child is covered under the City's workers' compensation insurance in the event of an injury from rendering a volunteer service. He/She will report any injury or incident to his/her supervisor immediately.

Signature of Parent or Legal Guardian : _____ Date: _____

CONSENT OF PARENT OR LEGAL GUARDIAN TO MEDICAL, DENTAL, OR HOSPITAL

CARE OF MINOR VOLUNTEER: I, _____ the parent or legal guardian of _____, a minor, who was born on _____, authorize medical, dental, surgical or hospital care, treatment, or diagnosis of said minor and I agree to pay for any medical, dental, surgical, or hospital diagnosis, treatment, or care rendered to or for said minor for non-industrial injuries.

Signature of Parent or Legal Guardian: _____ Date: _____

Consent of Parent or Legal Guardian to Use of Image of Minor Volunteer in Public Relations:

Photos, videos of _____, my child or ward, may be used in City of Sacramento Public Relations.

Signature of Parent or Legal Guardian: _____ Date: _____

9/11/06