

# VOLUNTEER APPLICATION

City of Brea

Community Services Department

695 E. Madison Way, CA 92821

(714) 990-7150 – [brc@cityofbrea.net](mailto:brc@cityofbrea.net)

# Love Brea

Name \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Are you 18 years of age or older?  Yes  No Gender:  Male  Female

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Yes  No Have you ever been convicted (or are currently out on bail or out on your recognizance pending trial) of a felony, or a misdemeanor other than a minor traffic violation? If so, list what, when, where and disposition of case. (A criminal record does not constitute an automatic bar to volunteer placement, but will be considered in terms of the volunteer work to be performed.) \_\_\_\_\_

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

## Parental Consent if Volunteer Under 18 years of Age

I hereby allow my son/daughter to participate in the City of Brea's Volunteer Program.	
Date: _____	Signature: _____

RETURN THIS FORM TO THE COMMUNITY SERVICES DEPARTMENT, COMMUNITY SERVICES VOLUNTEER COORDINATOR

## IMAGE RELEASE

I hereby consent to and authorize the use and reproduction of any and all video and/or photographic images. I give permission to the City of Brea to photograph or videotape me and I agree to release such photographs and/or video to be the sole property of the City of Brea. These images will be used in a variety of City media (print, video, social media) to promote City programs and services. Furthermore, I agree that I will not receive any compensation for such use.

Signature of parent or guardian of minor \_\_\_\_\_

SHOT DESCRIPTION: Love Brea 2022

DATE: \_\_\_\_\_

Please complete both sides/pages of this form.

**“LOVE BREA” 2022 VOLUNTEER  
ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNITY**

In consideration of being permitted to participate in the “Love Brea” neighborhood improvement volunteer program, including related activities and necessary transportation (collectively, “Program”) sponsored by the City of Brea, the undersigned adult does hereby agree as follows:

I understand that participation in the Program will require my physical labor and that there are natural and manmade hazards, environmental conditions, diseases, including Covid-19, and other known and unknown risks to which I will be exposed, which could cause me to suffer serious or fatal illness or injury. Knowing these risks, I nevertheless expressly assume all risks of illness and/or injury arising out of or related to my participation in the Program, including transportation to and from Program sites. I hereby represent that, to the best of my knowledge, I am free from any health condition that could prevent me from participating in the Program, and I am sufficiently physically fit to participate in the Program. I agree to perform my assigned tasks without compensation and in a responsible manner that reflects positively on the City. I agree that the City may discontinue my services at any time.

I understand I am not a City employee and am not covered by the City’s Workers’ Compensation or any other City-provided insurance. I certify that I have medical insurance sufficient to cover the cost of any medical care that I may receive for any illness or injury and agree that if I do not have medical insurance, I will be personally responsible for the cost of any such care.

I hereby authorize the City to create and forever use, for any City purpose and without compensation of any kind or right to review in advance, any and all still or moving images of me, in any media, taken during my participation in the Program.

To the maximum extent permitted by law, and on behalf of myself, my heirs, estate, assigns, and successors, I hereby release in advance, covenant not to sue, and agree to indemnify the City, its officials, officers, employees, volunteers, agents, and/or Program participants (“City Parties”), with respect to any and all liabilities, claims, demands, and causes of action of any kind, for any loss, damage, injury, illness, cost, or harm of any kind, whether or not foreseeable, occurring to any person, including myself, or any property, and arising out of or related to my participation in the Program.

If the Program participant is my minor child, \_\_\_\_\_ (“My Child”), then I am signing this document on My Child’s behalf and with the intent that the assumption of risk, release of liability, covenant, and indemnity herein shall fully apply to all claims and liabilities arising out of My Child’s Program participation, and for the protection of the City Parties.

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND UNDERSTAND AND AGREE THAT BY SIGNING, I AM GIVING UP IMPORTANT LEGAL RIGHTS.

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

Signature \_\_\_\_\_