



CITY OF TEMPLE CITY

STUDENT VOLUNTEER APPLICATION

(626) 285-2171 ext. 2328 9701 Las Tunas Dr., Temple City, CA 91780
Contact: Debbie Ingram

Name _____ Home Phone # _____

Address _____ Cell Phone # _____

City, Zip Code: _____ Email Address: _____

VOLUNTEER OPPORTUNITIES WILL BE EMAILED TO ADDRESS LISTED ABOVE

School: _____ Year of Graduation _____ Age: _____ Birth Date: _____

Parent's Name: _____ Daytime Phone: _____

Please list any previous volunteer experience:

Please list your school and/or extra-curricular activities:

What type of volunteer assignments would you prefer?

Please list any skills and/or languages spoken _____

I am able to translate documents from English to: ___ Chinese ___ Spanish

Have you ever been convicted of a felony, or within the last 10 years, a misdemeanor which resulted in imprisonment? _____

Are you volunteering for school credit? Yes _____ No _____

If yes: How many hours do you need? _____

List days and hours of availability _____

"Volunteers make things happen"

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone () _____ Work Phone () _____

VOLUNTEER SERVICE AGREEMENT

The undersigned hereby agrees:

1. Volunteering does not entitle the volunteer to any monetary compensation nor any employees benefits, nor to any tenure.
2. To hold harmless the City of Temple City, its officers, officials, employees, and agents from and against all claims, damages, losses and expenses including attorney fees arising out of completion of volunteer service, caused in whole or in part by any negligent act or omission of the City, anyone directly or indirectly employed by the City or anyone for whose acts may be liable except where caused by the active negligence, sole negligence or willful misconduct of the volunteer.
3. I have read and understand the terms and conditions set forth in the Volunteer Service Agreement and I agree to abide by the terms. These agreements shall be binding on my heirs and assigns.

Signature _____

Minors: (Under 18 years of age)

Signature of parent or guardian _____

**CITY OF TEMPLE CITY Volunteer MINOR (Under 18 years)
RELEASE FORM AND CONSENT TO TREAT**

MINOR'S NAME _____

CONSENT TO TREATMENT OF MINOR

In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by the City of Temple City and their representatives, agents, or assignees, when neither the parents, guardian, or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code # 25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of California.

_____ Date _____ Signature of parent or guardian _____ Print Name _____

Family Physician _____ Telephone Number (____) _____

Address _____ City _____

Insurance Company _____ Type of Coverage _____

Pertinent medical history information (Epilepsy, Diabetes, Allergies, etc.) _____