



# **VOLUNTEER AGREEMENT AND WAIVER**

---

I, \_\_\_\_\_,  
(Please print name)

## **Agree to the following:**

---

The Town of Oro Valley is most grateful to those people who are willing to volunteer their time to assist the Town through various volunteer programs.

- I will abide by the Town of Oro Valley policies and procedures at all times during volunteer activities; which include, but are not limited to: arriving at the designated time, conducting myself in an appropriate manner, dressing in appropriate attire conducive to the fulfillment of the designated volunteer activity, refraining from engaging in any form of harassment and/or profanity, following safety procedures, respecting the confidentiality of the position, and being prepared to appropriately handle my assigned responsibilities.
- I will follow all instructions of the designated Site Supervisor while on site.
- I will not engage in any activity that may cause harm to others or me.
- I will perform the essential functions of the position. If I am unable to perform the essential functions of any given assignment, I will notify the Site Supervisor immediately.
- I recognize the inherent risk of physical injury that may result from traveling to and from this program or from participating in this project.
- I understand that the Town of Oro Valley is under no obligation to accept all interested volunteers.
- I understand that my volunteer activities will be covered by workers' compensation.
- I certify that I am 18 years of age or older.

As a sign of the changing times, laws have been enacted to protect both the people we are serving and those honorable people who contribute their time as volunteers. The Town of Oro Valley requires that all volunteers undergo the same screening process as employees. We appreciate your understanding as we take precautions to protect the Town.

I further represent and certify that I am physically able to do the various activities described above without limitation, and that I have no disabilities which might prevent me from doing the same.

I certify that either I am 18 years of age or older, or that my parent or guardian has full knowledge of my participation in this event and has given me permission to participate, as evidenced by his/her signature below.

---

Participant Signature (If not age 18 or older, parent/guardian must co-sign on back) Date

(turn over)

**Parental/Guardian Consent if Volunteer is less than age 18**

In consideration of the opportunity afforded \_\_\_\_\_(Name of child) to assist as a volunteer, and in light of the aims and purposes of the community service provided by the Town of Oro Valley, I give my consent for my child to participate in the Project.

I, on behalf of my child and myself, agree to the terms and conditions contained herein such that all understandings, releases, waivers, and other agreements shall be binding upon me and my child with respect to the participation of my child. Without limiting the generality of the foregoing, I, on behalf of my child and myself, do hereby release and forever discharge and hold harmless the Town of Oro Valley, its officers, agents and assigns, and its members, officers, agents and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my child's activities as a volunteer.

I hereby grant and convey to the Town of Oro Valley all rights, title, and interest in any and all photographic images and video or audio recordings made by the Town of Oro Valley during the volunteer's activities, including but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

---

**PARENT/GUARDIAN (Undersigned has read the above and understands this waiver.)**

Signed this \_\_\_\_\_day of \_\_\_\_\_, 20\_\_\_\_.

---

Parent Name (Signature) \_\_\_\_\_ (Print)

---

Parent Name (Signature) \_\_\_\_\_ (Print)

---

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

---

Home phone \_\_\_\_\_ Other phone \_\_\_\_\_ E-mail \_\_\_\_\_

**In the event that I cannot be reached in an emergency, the following person is authorized to act on my behalf with respect to my child:**

Name (print): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

*Thank you for Volunteering.*