City of Deltona

Volunteer/Intern Application Form

Name: _____ Date of Birth/Age: _____

Address: _____

Phone: (home) _____(Work/Other): _____

Emergency Contact Person: _____

Relationship: _____ Phone: _____

_____

Please indicate your area(s) of interest: _____

What would make you a good volunteer candidate for the area of interest indicated above?
(Please use this area to indicate special skills, talents, experience, education, training, etc. related to your area of interest)

_____

_____

_____

What type(s) of volunteer position(s) have you held in the past and for what organization?

_____

_____

_____

Please list references that we may contact (name & telephone number).

Name: _____ Phone: _____

Name: _____ Phone: _____

What days/times of the week/weekend are you available to volunteer? Evenings?

_____

Do you prefer working indoors or outdoors? _____

Do you have any special needs and/or require special accommodations in order to perform as a volunteer in your position of interest? (If yes, please indicate)

_____

_____

_____

City of Deltona

Release/Waiver/Indemnification Agreement

Name: _____

_____

We/I, the undersigned participant, or the parent(s) or legal guardian(s) of the participant whose name appears above, voluntarily consent and agree that the above named individual may participate in the above-described City-sponsored activity. By executing this document, the undersigned further agrees to the following:

- **WAIVE ANY CLAIM** by participant and/or parent of participant against the City of Deltona and its elected officials, officers, agents and employees arising from loss, injury or damage to participant and does **COVENANT NOT TO SUE** the City of Deltona and its elected officials, officers, agents and employees.
- **RELEASE, INDEMNIFY, AND HOLD HARMLESS** the, City of Deltona and its elected officials, officers, agents and employees from any and all claims, actions, demands, rights, judgments or expenses arising from or by reason of any and all known or unknown damages, claims or actions arising from participation in the above described activity including, but not limited to, intellectual property right claims or copyright claims. However, nothing shall be deemed to indemnify the City of Deltona and its elected officials, officers, agents and employees for any liability or claim arising out of their own negligence, nor shall be deemed a waiver of the limitations of liability provided by Chapter 768, Florida Statutes.
- Authorize the City of Deltona to depict participant in any photograph, video or film and use same in any known or unknown media worldwide for marketing purposes.
- Authorize the City of Deltona and its elected officials, officers, agents and employees to call emergency medical services in the event of any injury, although we/I understand that the City of Deltona and its elected officials, officers, agents and employees assume no responsibility to do so. We/I, the parent(s), accept full financial responsibility for payment of any and all medical services rendered to the participant.
- This Release Form shall be binding on participant and our/my heirs, successors and assigns.

The undersigned has fully read, understood and agrees to each and every term contained in this release, waiver and indemnification agreement.

_____ _____

Signature of Participant — Print Name

(*Signature of Parent of Guardian – if participant is under 18*)

_____ _____

Witness — Witness