

Lacey Teen Late Night Volunteer Application

Return Application To: 420 College Street SE, Lacey, WA 98503
 or email to cleee@ci.lacey.wa.us

First Name: _____ Last Name: _____ Date : _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Work: _____ Cell: _____

Do you legally reside in the United States?

Are you 18 years of age or older?

Parent Questionnaire:

Are you a parent of a middle school student in the North Thurston School District? _____

Volunteer Duties/Preferences

ONE

Assigned to 2 different areas during the event

Pick any below:

Any _____ Dance area
 Door monitor _____ Gym activities _____
 Hallway monitor _____ Cafeteria monitor _____

TWO

Check teens in and out of the event

Pick any below:

Any _____
 Coat Check _____ ID Check _____
 Security Wanding _____

Other Preferences: (example: friends who want to be assigned together)

OPTIONAL Information: Previous Work/Volunteer Experience

Employer	Position	Dates of Employment	Supervisor	Reason Left

References (non-family members)

- Name _____ Phone _____
- Name _____ Phone _____

As a volunteer for the City of Lacey I agree and acknowledge:

- Exercise proper care in performing activities.
- Follow the safety guidelines provided by the City of Lacey.
- Use all provided equipment appropriately and follow all safety practices.
- Follow all of the rules outlined in the program policy.
- City personnel will provide direction regarding my duties as a volunteer.
- City personnel may provide minimal or no supervision on site during volunteer events.
- Participants may be entitled to receive coverage for medical treatment required for injury incurred during participation as a volunteer under the medical aid provisions of the Worker's Compensation Act, which is administered by the Department of Labor and Industries, but not for loss of time because of injury or illness, or for lasting disability or death.
- I am aware the work performed in the program involves certain risks of physical injury and death.
- I am fully informed of these risks and accept the risks to participate.
- I hereby, on behalf of myself and my heirs, assume all risks in connection with my participation in this program.
- I hold harmless the City of Lacey, its officials, employees, and agents for any injury or damages which may occur to me while I am participating in this program and I waive any right to bring claim or lawsuit against them for any such injury, damage, or death.
- I agree to hold harmless, defend, and indemnify the City of Lacey, its officials, employees and agents from any and all claims and lawsuits for injury, loss, or damage to other persons or entities which may arise in the future as a result of or in connection with my participation in the program except for injuries or damages caused by the sole negligence of the City.
- I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program.

Signature of Guardian
Date

Printed Name

I hereby consent to allow my picture or likeness to appear in any official document, website, sponsor advertisement and/or produced television coverage of Lacey Parks, Culture and Recreation sponsored recreational activity without compensation to me. YES NO (Initial)_____.

For persons under 18, please have your parent or legal guardian fill out the below:

I certify that I am the parent or legal guardian of the participant above named; that I have read and understood the above risk waiver and hold harmless agreement; and that I, in consideration of allowing the participant to participate in the City's volunteer program on behalf of myself and/or my minor child. I agree to release and waive without reservation any claim or legal cause of action I might have arising out of any personal injury, damage, or death against the City of Lacey, its officials, employees, and agents. I further grant my full consent and authorization for the above named participant to engage in the activities of the program. Furthermore, I authorize all reasonable medical treatment that may be necessitated in the event of injury or accident occurring to the participant named above while volunteering. The City of Lacey does not provide medical insurance coverage for volunteers ages 13 and under should they incur injury to themselves.

Signature of Guardian
Date

Printed Name

Address

City

Phone

I hereby consent to allow my child's picture or likeness to appear in any official document, website, sponsor advertisement and/or produced television coverage of Lacey Parks, Culture and Recreation sponsored recreational activity without compensation to me. YES NO (parent/legal guardian initials) _____.