



City of Cypress Recreation and Community Services  
**VOLUNTEER APPLICATION**

**TO BE COMPLETED BY APPLICANT: (Please Print)**

NAME (First) \_\_\_\_\_ (Last) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ OVER 18 YRS:  YES  NO

EMERGENCY CONTACT: (NAME) \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ OR \_\_\_\_\_

**Availability**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times Available							

**Areas of Interest:** Please number from most interested to least interested (1 = most, 3 = least)

\_\_\_ SENIOR CENTER: Monday – Friday 8am-5pm

\_\_\_ SPECIAL EVENTS: Weekends | Hours vary 8am-9pm

\_\_\_ SPORTS: Monday – Friday | Hours vary afternoons and evenings

WHY DO YOU WANT TO BE A PART OF THE VOLUNTEER PROGRAM?

LIST ANY EXPERIENCE YOU HAVE WHICH MAY HELP YOU PERFORM THIS VOLUNTEER ACTIVITY:

PRINT NAME: \_\_\_\_\_

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

**VOLUNTEERS WHO WORK WILL BE VOLUNTEERING WITH MINORS AND ARE OVER THE AGE OF 18 MUST BE FINGERPRINTED BY THE CITY OF CYPRESS BEFORE VOLUNTEERING.**

**TO BE COMPLETED BY VOLUNTEER COORDINATOR:**

DATE RECEIVED: \_\_\_\_\_ STARTING DATE: \_\_\_\_\_

VOLUNTEER COORDINATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Please Read and Sign the Waiver, Release and Indemnity Agreement Below

In exchange for participating in this activity, I hereby agree on behalf of myself and my spouse, parents, children, family, employees, agents, heirs, estate, executors, representatives, administrators, insurers, successors and assigns, distributees, guardians and/or other legal representatives (collectively the "Released Parties") to fully release and to not make any claim against, file a lawsuit against, attach the property of, or prosecute the City of Cypress (the "City") and/or the Cypress Recreation and Park District (the "District") and/or either of their employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf for any and all claims, causes of action, including, but not limited to, emotional distress, bodily injury, death, or property damage arising out of any actions by any City or District employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on the City's and/or the District's behalf in connection with my participation in this activity. **I UNDERSTAND THIS RELEASE SHALL BE EFFECTIVE EVEN IF THE LOSS, DAMAGE OR INJURY WAS NOT FORESEEABLE OR RESULTS, IN WHOLE OR IN PART, FROM THE NEGLIGENCE OF THE CITY, DISTRICT AND/OR ANY OF THE ABOVE PERSONS.**

I understand that this activity involves the risk of serious injury and even death, and I agree to assume any and all risk of serious injury or death in participating in the activity. In case of accident or other emergency, personnel of the City or District and/or their agents, are hereby authorized to secure medical care deemed necessary by them, as a result of that accident or injury, for me at my cost and expense. I further agree to indemnify and defend the City and/or the District and/or both of their employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf and to pay for any and all costs incurred (including, but not limited to, medical treatment, pain and suffering, emotional distress, any settlement paid or judgment, legal costs and/or attorneys' fees) as a result of any injury that I cause to another participant. I further consent to the use of activity/event photography and/or video taping of me and the display of those pictures of me for promotional use, including on the City's Internet website and social media sites.

The COVID-19 (Coronavirus) outbreak is an ongoing and developing situation. The City of Cypress and the Cypress Recreation and Park District encourage the community to monitor publicly available information and to always follow federal, state and county public health guidance and government mandates. While participating in these activities, you are required to follow all applicable social distancing orders and guidelines. By potentially being exposed to others who might have COVID-19, you assume the risks of exposure to COVID-19 and assume all potential health risks to yourself and that could cause harm to you and your family. The City and District are following recommended steps by County health officials. The City and District cannot protect you and your family against all possible risks of COVID-19. We encourage you to wash your hands frequently and take all necessary steps to protect your health consistent with federal, state and county public health guidelines.

By signing below, I acknowledge and represent that **I HAVE READ THIS AGREEMENT CAREFULLY, I FULLY UNDERSTAND ITS CONTENTS AND I VOLUNTARILY AGREE TO ITS TERMS.** No oral representations, statements or inducements, apart from this written agreement, have been made. If any portion of this agreement is declared invalid by a court, the remainder shall continue in full force and effect. Where this agreement is signed by a parent or legal guardian on behalf of a minor, the use of the word "me" in this agreement shall include and bind the minor, and the use of the word "I" in this agreement shall include the parent or legal guardian acting on behalf of and binding the minor to this agreement.

**IF 18 YEARS OF AGE OR OLDER:** I declare under the penalty of perjury under the laws of the State of California that I am eighteen (18) years of age or older and am fully competent to sign this agreement. **IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE,** by signing below, I declare under the penalty of perjury under the laws of the State of California that I am the parent/legal guardian for the minor participant herein and am authorized to sign this agreement on their behalf:

Name of Participant: \_\_\_\_\_

Name of Parent/legal Guardian, if Participant is Under 18: \_\_\_\_\_

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