

## City of Rosenberg Volunteer Application Form Participation in a Single-Day Event/Project

## **Individual Volunteer Information:**

Participant Name:			Age (if under 18)	:
Address:				
City:			Zip:	
Email:		Phor	ne:	
Emergency Contact:				
Na		Relationship	Phone	Number
Group Information:				
Group/Association Name: _				
Group Contact Person:		Cc	ontact Phone:	
Group Contact Email:				
Project/Event: Event Date/Time: Location: Deadline to submit form:	Over age 18: Submit th	t - must hav iree (3) busi	ve parent's or guardian's iness days prior to event, duct a Criminal History (	, along
applicant's participation in the e	and submit in one of the	following w		
City of Rosen 2110 4 <sup>th</sup> Stree Rosenberg, T	nberg Fax: et	832-595-33		
hereby release, indemnify, and hold harn respective officers, directors, employees, directly or indirectly, the activities surrour expenses and damages, which I or my heir nave, or may have against the parties iden	agents, contractors, subcontractors nding my involvement as a voluntee s, personal representative, successo	, representatives er from any and a rs, assigns or any	s, successors and assigns, and all pe all claims, rights, demands, actions, yone claiming by, through or under I	ersons conducting , causes of action me ever had, nov
understand that I am to receive no payme	ent for services from the City of Rose	enberg. I am not	an employee.	
consent to and authorize the use and rep n conjunction with the R.E.V.V. Volunteer with me. I hereby waive all claims for com	Program, the right to use my name	and photograph		
acknowledge that I have read, fully under	rstand and am voluntarily signing thi	s form without a	ny inducement from any member o	f City staff.
certify that I am eighteen (18) years of a given me permission to participate, as evic		uardian has full	knowledge of my participation in tl	his event and has
Volunteer Participant Signat	ture (Signature Required: IF under	age 18, parent,	/guardian must co-sign below)	Date
Parent/Guardian Signature	(Signature Required: Signee has re	ad the above a	nd understands this waiver)	Date