

# District One Youth Programs

AngeliqueAshby.com/Youth

## City of Sacramento Short-term Volunteer Information and Agreement Form

Dates of Service: June 2017 to May 2018

Total Hours: \_\_\_\_\_

Name: \_\_\_\_\_

Group/Agency \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Volunteer  
Information  
&  
Signature

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_

### All Volunteers Must Complete This Section

#### Volunteer Agreement

I \_\_\_\_\_, choose to participate in the D1 PLAY/ YAC, as a volunteer and understand that my services are donated to the City of Sacramento (City) without contemplation of compensation or future employment, and given for humanitarian, religious or charitable reasons. I understand that I am covered under the City's workers' compensation insurance in the event of an injury from rendering a volunteer service. I will report any injury or incident to my supervisor immediately. I agree to abide by any rules and directions provided by those helping to administer D1 PLAY/ YAC.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

### All Volunteers Under 18 Years of Age Must Have Parent or Legal Guardian Complete This Section

#### Consent of Parent or Legal Guardian for Minor's Participation as a Volunteer

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ choose to permit \_\_\_\_\_ to participate in the D1 PLAY/ YAC as a volunteer. I understand that my child's or ward's services are being offered on a voluntary basis without anticipation of any financial remuneration. I agree that he/she will abide by any rules and direction provided by those helping to administer D1 PLAY/ YAC. I understand that my child is covered under the City's workers' compensation insurance in the event of an injury from rendering a volunteer service. He/She will report any injury or incident to his/her supervisor immediately.

Signature of Parent or Legal Guardian : \_\_\_\_\_ Date: \_\_\_\_\_

Under  
18  
Years  
Needs  
Parent/  
Guardian  
Signature

#### CONSENT OF PARENT OR LEGAL GUARDIAN TO MEDICAL, DENTAL, OR HOSPITAL

**CARE OF MINOR VOLUNTEER:** I, \_\_\_\_\_ the parent or legal guardian of \_\_\_\_\_, a minor, who was born on \_\_\_\_\_, authorize medical, dental, surgical or hospital care, treatment, or diagnosis of said minor and I agree to pay for any medical, dental, surgical, or hospital diagnosis, treatment, or care rendered to or for said minor for non-industrial injuries.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### Consent of Parent or Legal Guardian to Use of Image of Minor Volunteer in Public Relations:

Photos, videos of \_\_\_\_\_, my child or ward, may be used in City of Sacramento Public Relations.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

9/11/06