



Mayor
Albert J. Boro

Council Members
Greg Brockbank
Damon Connolly
Barbara Heller
Marc Levine

Volunteer Program

VOLUNTEER SERVICE AGREEMENT - YOUTH

The undersigned understand that the City of San Rafael agrees to provide _____, a person who is under the age of 18 ("Volunteer Minor") with the following volunteer work:

(insert Dates and Times of Service - up to 1 month max - & Locations)

and that the personal information contained in this Agreement, other than the name of the Volunteer Minor and the name of the Parent/Guardian signing Agreement, shall not be disclosed to any third parties, except to the extent required by law.

The undersigned understand that while volunteering with the _____ **Department** of the City of San Rafael ("City"), the Volunteer Minor will follow the specific directions of the Supervisor identified below and/or the City of San Rafael Volunteer Coordinator while undertaking volunteer duties, will work only on City property and will take great care to engage only in safe practices that insure the Volunteer Minor's safety and the safety of others. The undersigned agree that the Volunteer Minor's volunteer services will be limited to the dates and times of service listed above and that if the Volunteer Minor wishes to volunteer at any time other than those listed above, that another Agreement will need to be executed.

The undersigned understand that during the course and scope of the Volunteer Minor's volunteer services to the City, the Volunteer Minor will be covered under the City's self-insurance program, and that the sole remedy for any injury that the Volunteer Minor may sustain during the course and scope of such volunteer services shall be under the City's Workers' Compensation through the City's self-insurance program. The undersigned hereby waive any other right or remedy that may be available for any injuries incurred by Volunteer Minor under this Agreement. The undersigned agree to notify the City of San Rafael Volunteer Program (485-3407) or Human Resources Department (458-5020) immediately of any injury that may occur during Volunteer Minor's volunteer services with the City of San Rafael.

Volunteer's Name (Please Print)		Date of Birth	
Mailing Address	City	State	Zip
Phone (day)	Phone (eve)	Email address	
Emergency Contact/Relationship		Emergency Contact Phone #	
Minor Volunteer's Signature	Date	Signature of San Rafael Supervisor	Date
Parent/Guardian Signature			Date

MUST BE COMPLETELY FILLED OUT & SIGNED BY PARENT or legal guardian