



City of San Ramon City Lights Volunteer Application

www.SanRamonVolunteers.com

Name: _____ Birthdate: _____

Email: _____

Address: _____
City Zip

Primary Phone: _____ Secondary Phone: _____

Emergency Contact: _____ Phone: _____

VOLUNTEER PARTICIPATION WAIVER/AGREEMENT

I, _____, volunteering for the CITY LIGHTS VOLUNTEER PROGRAM agree on behalf of myself, my heirs and assigns to hold harmless the City of San Ramon and its employees directly or indirectly, from my participation in the program listed above. I agree to defend and indemnify the City in any action arising from my actions that are outside the scope of my volunteer duties. I acknowledge that loss or damage of personal property used while providing volunteer services is not reimbursable under City regulations. I understand that I am to follow the correct procedures for this program. I also understand that this volunteer assignment may be canceled at any time by the City or by myself. As a City volunteer, I accept that I am covered under Workers Compensation for any injury or illness related to my job. My supervisor will provide me with the necessary information regarding how to report an injury, how to get medical care and more information about my rights. I understand that the City may conduct a driving record and criminal background check as part of the volunteer application process. This form serves as my authorization for the City to perform this check.

I have ___/have not ___ been convicted of a crime, including military offense, other than minor traffic offenses, which resulted in imprisonment (please check appropriate response – if yes, provide details on a separate sheet).

COVID-19 INDEMNITY ACKNOWLEDGMENT

I, _____, releases the City from any and all claims, causes of action, allegations, or assertions that may arise relating to infection of any person by COVID-19 that occurs, or is alleged to occur, during the Activity. I also agree to defend, indemnify, and hold City harmless from any and all claims, causes of action, allegations, or assertions made against City or City's employees arising from or relating to actual or alleged COVID-19 infection occurring during the Activity, except where caused by the sole negligence or willful misconduct of the City.

CODE OF CONDUCT

The City of San Ramon believes all participants and spectators have a right to a positive, safe and enjoyable experience while participating in programs and events offered through the Parks and Community Services Department. It is therefore expected that everyone treats people and facilities with respect and abides by all City and Department policies, rules and guidelines. The City of San Ramon reserves the right to refuse service to anyone for failure to abide by these guidelines.

1. The safety and security of all participants, staff, contractors and volunteers is paramount.
2. All participants, staff and volunteers will be treated with courtesy, respect, dignity and in an equitable and fair manner.
3. Do not discriminate against any participant, staff, or volunteer with regards to disability, race, color, ethnic origin, gender, sexual orientation, religion or age. Everyone should feel included.
4. Treat facilities and parkland with respect and care, following all program, City and Department policies, rules and guidelines.

Signature Required on Next Page

WORKERS COMPENSATION

All City of San Ramon registered volunteers are covered by the City’s Workers’ Compensation Policy for any injury or illness related to their volunteer assignment. Your Supervisor or the staff member onsite will be able to provide you with all of the necessary information regarding how to report an injury, how to get medical care and more information about your rights. At any time that you feel there may be cause for a Workers’ Compensation claim, please speak with your Supervisor, the Department Head, or a Human Resources representative immediately.

Additionally, if you would like to pre-designate a physician in the case of an injury or illness related to your volunteer assignment, please complete the “Pre-designation of Personal Physician” form located in the back of the Volunteer Handbook and return it to Steven Cox at scox@sanramon.ca.gov. Please note: All pre-designation forms must be signed by your physician and be in the possession of Human Resources prior to an injury.



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I have read and fully understand the Volunteer Participation Waiver/Agreement, Code of Conduct, and Workers Compensation information as outlined above.

Volunteer Signature: _____ Date: _____

If the volunteer is under age 18:

I consent to allow my minor child or dependent to participate in the City Lights Volunteer Program under the terms and conditions set forth above.

Parent/Guardian Signature if under 18: _____ Date: _____

Print Parent/Guardian Name: _____

If the volunteer is a City of San Ramon Employee, complete the following:
I, _____, agree to perform volunteer services for the City of San Ramon under the terms and conditions set forth above. I acknowledge and agree that the services I will provide pursuant to this agreement are outside the scope of my duties as an employee and are not within job classification as an employee of the City of San Ramon are separate and apart from any paid work responsibility with the City of San Ramon.



SAN RAMON PARKS & COMMUNITY SERVICES
Creating Community through People, Parks, Partnerships & Programs