



City of Longmont  
350 Kimbark Street  
Longmont, CO 80501  
(303) 651-8609

## Volunteer Application

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

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

Name you would like people to call you: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Are you under the age of 18? If yes, please indicate date of birth \_\_\_\_\_

Yes  No

Are you over the age of 70?

Yes  No

Emergency Contact Name: \_\_\_\_\_

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

Please note any special needs: \_\_\_\_\_

Please indicate days and times you would be available to volunteer:

- › Sun    Mon    Tues    Wed    Thurs    Fri    Sat
- › Morning                      Afternoon                      Evening
- › on-call/as needed                      scheduled times                      varies

Briefly, explain why you would like to volunteer: \_\_\_\_\_

Do you have any areas of interest that you are hoping to learn more about by doing volunteer work? \_\_\_\_\_

List your specific skills and talents that might be used in your volunteer work: \_\_\_\_\_  
\_\_\_\_\_

List previous volunteer experience:

Activity	Agency	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there anything you would like to share with us that would help us ensure a positive volunteer experience for you?  
\_\_\_\_\_  
\_\_\_\_\_

I understand that there are certain risks involved with participation and volunteering for recreational activities, special events, other programs, and volunteer activities. I expressly understand and agree that neither the City of Longmont, Colorado, a municipal corporation, nor any of its officers, agents, volunteers, assistants, or employees, shall be held responsible or made subject to any claims for negligence, seeking to assess damages or liability for or arising from personal injury or property damage to myself or other person in whose behalf this form is now signed as a result of actual or proposed participation in the above name programs/event. I, on behalf of myself and/or my child, hereby agree to HOLD THE CITY OF LONGMONT, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES, HARMLESS ON ACCOUNT OF ANY SUCH CLAIM.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# City of Longmont

## Volunteer Acknowledgment of Risk and Release

7 S Sunset Street, Longmont, CO 80501  
303-651-8446

Project: \_\_\_\_\_ Date: \_\_\_\_\_

Have you volunteered for Parks and Open Space before? \_\_\_\_\_ Project: \_\_\_\_\_

Name (first, last): \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_ Primary

Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_ Emergency  
contact: \_\_\_\_\_

Name	Relationship	Phone

I, the undersigned, agree for myself or for my minor child, to volunteer for City of Longmont, and understand and agree to the following:

1. I will follow instructions of my placement and perform my service to the best of my ability.
2. I acknowledge that there are dangers and risks incurred as a result of participating in activities connected or associated with volunteering; and I knowingly assume all risk for any injuries, death, damage or loss to my person, including but not limited to: falling down, tripping, bumping; back, bone, joint, head, neck, muscle or spinal injuries or strains; cuts, scrapes; choking; allergies; heat stroke, heat exhaustion, sunburn or other injuries; and/or any damage or loss sustained to my property.
3. In the event of any emergency, I authorize City of Longmont officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care, including ambulance transport. Further, I agree that I will be responsible for payment of any and all medical services rendered.
4. I waive and relinquish all claims I may have as a result of my participation as a volunteer against the City of Longmont and its officers, agents, servants and employees.
5. I act only as a civilian volunteer and do not function as an employee, agent or representative of the City of Longmont.
6. I give permission for media (photo, video, audio, etc.) captured of myself and/or my minor child to be disseminated for public relations purposes by the City of Longmont organization and staff.
7. This Acknowledgement of Risk and Release is valid for a period of 5 years from the date executed below.

While serving as an Authorized Volunteer for the benefit of and involved in the activities at the request of the City of Longmont volunteers are provided the protection of the Colorado Governmental Immunity Act Section 24-10-101 (et seq.) and are subject to the applicable provisions of the Act. The Act does not cover any willful and/or wanton behavior including, but not limited to, sexual harassment, racial or gender discrimination, drug and/or alcohol use.

I acknowledge and understand the City of Longmont risk and release. This acknowledgment of risk and release shall not be modified orally.

\_\_\_\_\_  
**Name (printed)**

\_\_\_\_\_  
Volunteer Signature (or parent/guardian if volunteer is a minor)      Date

\_\_\_\_ Initials for the following Addendum: I agree not to offer my opinion concerning this project as that of the city or any hired contractor.