



CITY OF TEMPLE CITY

STUDENT VOLUNTEER APPLICATION

(626) 285-2171 ext. 4515 Live Oak Park Annex 10144 Bogue Street., Temple City, CA 91780
Contact: Debbie Ingram dingram@templecity.us

Application Received: _____

Name _____ Home Phone # _____

Address _____ Cell Phone # _____

City, Zip Code: _____ Email Address: _____

Volunteer Opportunities will be emailed

School: _____ **Expected Date**
of H.S. Graduation _____ Age: _____ Birth Date: _____
(month/day)

Parent Name: _____ Daytime Phone: _____

Please list any previous volunteer experience:

Please list school and/or extra-curricular activities:

What type of volunteer assignments would you prefer?

Please list any skills and/or languages spoken _____

Are you volunteering for school credit? Yes _____ No _____

If yes: How many hours do you need? _____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone () _____ Work Phone () _____

VOLUNTEER SERVICE AGREEMENT

The undersigned hereby agrees:

1. Volunteering does not entitle the volunteer to any monetary compensation nor any employee benefits, nor to any tenure.
2. To indemnify, defend, and hold harmless the City of Temple City, its officers, officials, employees, and agents from and against all claims, damages, losses and expenses including attorney fees arising out of completion of volunteer service and caused in whole or in part by any negligent act or omission of the undersigned, anyone directly or indirectly employed or supervised by the undersigned or anyone for whose acts the undersigned may be liable.
3. I have read and understand the terms and conditions set forth in the Volunteer Service Agreement and I agree to abide by the terms. These agreements shall be binding on my heirs and assigns.

Signature _____ Signature of parent or guardian _____

CITY OF TEMPLE CITY Volunteer MINOR (Under 18 years)

RELEASE FORM AND CONSENT TO TREAT

MINOR'S NAME _____

CONSENT TO TREATMENT OF MINOR

In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by the City of Temple City and their representatives, agents, or assignees, when neither the parents, guardian, or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code # 25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of California.

_____ Date _____ Signature of parent or guardian _____ Print Name _____

Family Physician _____ Telephone Number (____) _____

Address _____ City _____

Insurance Company _____ Type of Coverage _____

Pertinent medical history information (Epilepsy, Diabetes, Allergies, etc.) _____
