



Special Project Volunteer Application Form

City of Arlington
Volunteer Services-Human Resources Department
101 S. Mesquite Street – Suite 790
Arlington, Texas 76004
817-459-6869

Name: _____ Assignment: _____
Last First M.I.

Hours volunteered: _____ Location: _____ Date: _____

Address: _____
Street Apt. # City Zip

Home Phone: _____ Work Phone: _____

In case of emergency, notify: Name: _____

Address: _____

Phone: _____

WAIVER AND RELEASE

As a participant in the City of Arlington Municipal Volunteer Program (the "Program") I understand my participation may include activities that are off-site, including tours, trips, outings and excursions at locations other than City Hall or the municipal facilities of the City of Arlington. In consideration for receiving permission for myself to participate in the City of Arlington Municipal Volunteer Program, **I FURTHER AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE CITY OF ARLINGTON FROM ANY CLAIMS, DEMANDS, SUITS, OR JUDGMENTS ARISING FROM ANY DAMAGES RESULTING FROM A CLAIM OR CAUSE OF ACTION MADE BY ME OR ANYONE ON MY BEHALF REGARDLESS OF ANY ALLEGED FAULT, NEGLIGENCE OR JOINT ENTERPRISE BY THE CITY OF ARLINGTON, ITS OFFICIALS, EMPLOYEES AND VOLUNTEERS.**

It is further agreed that the execution of this release shall not constitute a waiver by the City of Arlington of the defense of governmental immunity or any other defense.

Signature of Applicant

-OR-

I further attest that I am the parent or guardian of the minor child, and that I have the legal right and authority to enter into this agreement on behalf of the minor and myself.

Signature of Parent/Guardian

As a volunteer, I grant permission for the City of Arlington Municipal Volunteer Program to use my and/or my minor child(ren)'s visual depiction for the purpose of training, advertising, publicity and promotion of the City of Arlington. I affirm the use of my and/or my minor child(ren)'s appearance and I agree to hold the City of Arlington harmless from any and all liability which the City of Arlington may incur as a result of my and/or my minor child(ren)'s appearance.

Applicant Signature

Signature of Parent/Guardian (if applicable)

The information in this application is accurate, complete and is subject to verification by the City of Arlington. I understand and agree that I am a volunteer when participating in all activities of the City of Arlington and I shall receive no payment for my services. No contract or agreement of employment is created by any written or oral representations made in connection with the Municipal Volunteer Program or in connection with any other program of the City of Arlington. I understand that I am not an employee of the City of Arlington, rather a volunteer who serves at the will of the City of Arlington. I have no expectation of continuing my participation in the program. Accident insurance is available to any volunteer while participating in scheduled, sponsored, and approved activities. If the volunteer is covered by any other insurance, this policy provides excess coverage only. For any questions, or to file a claim, contact Human Resources at 817-459-6869. As a volunteer, I may be dismissed from the program at any time, for any reason or the program may be discontinued at any time.

Signature of Applicant _____

Date _____

Parent or Guardian (for minors) _____

Date _____