VOLUNTEER APPLICATION

BURLINGAME PARKS AND RECREATION DEPARTMENT
850 Burlingame Avenue, Burlingame, CA (650) 558-7300

Name: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: ( ) _____ Date of Birth: __/__/__ Grade Level Completed: _____

Applicant's email: _____

Guardian's Name: _____ Day Phone: ( ) _____

E-mail: _____ Evening Phone: ( ) _____

Emergency Contact: (*other than guardian*)
Name/Relationship: _____ Day Phone: ( ) _____

Duration of volunteer duties: *Beginning Date*: _____ ***End Date*:** _____

Description of volunteer duties:

- ☐ **Camps**
- ☐ **Theatre**
- ☐ **Sports**
- ☐ **Special Events**
- ☐ **Preschool**
- ☐ **Seniors**
- ☐ **Teens**
- ☐ **Administration**
- ☐ **Other:** _____

Additional information:

Volunteer signature:
The undersigned agrees to the duties described above and will adhere to the schedule as assigned by the direct supervisor.

Signature_____Date _____

Allergies: _____
Medication Being Taken: _____
Additional Needs: _____

Permission for Medical Treatment & Liability Waiver/Assumption of Risk

The undersigned hereby authorizes the City of Burlingame Recreation Staff to inform any licensed physicians/ surgeon/dentist to proceed with any medical treatment as seen fit or prescribed by a licensed physician/ surgeon/dentist., to the minor named above. Any expenses and related costs generated by these treatments, medications, x-rays, anesthetics, or procedures shall be paid by the undersigned.
The undersigned also acknowledges any photos taken during any programs may be used for the department's publicity and marketing but will not be shared with outside organizations.
I hereby absolve the City of Burlingame, its employees, & officers from all liability, which may arise as the result of my participation in the above activities; & in the event that the above named participant is a minor, I give my permission for his/her participation as indicated and, in so doing, absolve the City of Burlingame, it's employees and officials from such liability.

Signature_____Date _____
Parent or Guardian