



Parent or Guardian Consent for a Minor Volunteer

Minor Volunteer Name: _____

Parent/Guardian Name: _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-Mail (If checked regularly): _____

I give permission for my child _____ to be a teen volunteer for the City of Loveland. If accepted as a volunteer, I understand they will be provided with orientation and training necessary for the safe and responsible performance of their duties and they will be expected to meet all the requirements of the position, including regular attendance and adherence to all City of Loveland policies and procedures. I understand they will not receive monetary compensation for the services contributed. I will support them by respecting their volunteer commitment and providing transportation if needed.

In case of emergency, please contact:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Acknowledgement & Release Waiver

I acknowledge that the City of Loveland (City) is authorized to make any investigation regarding employment, volunteer or other history of any volunteer applicant. In the event that I am placed as a volunteer with the City, I agree to comply with all of its rules and regulations including, without limitation, the City Administrative Regulations posted on the Volunteer internet page and any rules specific to the program for which I volunteer. I understand that each volunteer is covered by an Accident Medical Insurance Policy with a limit of \$15,000 per incident and accept this as the limit of City liability while I, or my minor child/ward, performs as a volunteer with the City. I understand that no volunteer in the Volunteer Program is insured by Workers' Compensation insurance. I acknowledge that there are dangers and risks associated with participation in the Volunteer Program and assume such dangers and risks, and any related injury, damage or loss for myself and/or my minor child/ward. In the event of an emergency, I authorize the City to secure medical treatment for my own or my minor child's/ward's immediate care, and agree to be responsible for payment of any medical services rendered. To the extent permitted by law, I hereby release and agree to indemnify the City, its officers, employees, agents and any landowner upon whose property any Volunteer Program activities occur from any claims, demands, actions, damages and liability whatsoever, including without limitation, any claims of personal injury and property damage arising from participation in the Volunteer Program by me or my minor child/ward. The City has my permission to use my image and/or the image of my minor child/ward for public relations purposes, unless I provide direction otherwise in writing. I certify that all statements on the application are true and complete and that I have read and understand this Acknowledgement and Release. I understand that false statements on the application shall be considered sufficient reason for termination of volunteer placement. A minor's signature must be accompanied by the signature of the parent or guardian. All information is confidential.



Parent or Guardian Consent for a Minor Volunteer

As a volunteer, I agree to notify the City of Loveland immediately in the event I am convicted of a felony or misdemeanor, other than a minor traffic violation, during my service with the City.

If you have questions about our Volunteer Program, please contact the City's Human Resources Department @ 970.962.2371.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____