

PALM BAY VOLUNTEER SERVICE CORPS (PBVSC)

(Application for Volunteers under 18 years of age)

		APPL	ICATIO	I NC	FORM	FOF	R MI	NOF	RS			
Last Na	me:		First N	lame:			Mid	dle Na	me:			
Address (Street Name & Number):												
City:					5	State:			Zip	Cod	e:	
Day Pho	one Numb	er:			Other / 0	Cell Pr	none N	lumbe	r:			
Email Address: Education (Grade Level):												
Birthday (Month / Day Only): Are You Under 18?									Yes		No	
Parent or Legal Guardian's Name:												
Home Address: Day Phon							one:					
Other / Cell Phone: Work Pho							one:					
Emergency Contact Name:												
Relation	ıship:						Phone	e Num	ber:			
Is there a specific volunteer opportunity you are interested in?												
•												
Days an	id hours a	vailable p	er week:		Monday		Tue	sday		\	Nedne:	sday
Tł	nursday		Friday			Satur	day			Sun	day	
What length of time are you available (1 month, 6 months, indefinite)?												
List relevant work or volunteer experience:												
Skills:												
	s / Hobbie											
Are you	interested	l in helpin	g with spe	cial e	vents:							
I agree to abide by and comply with all rules, regulations, policies and practices of the City of Palm Bay Government and with all procedures established for volunteers. I have read and understand the above.												
0: 1	C D 4"											
Signatui	re of Mino	r:								ate		
Parental Permission Form												
(Required for volunteers under age of 18. Read this section carefully before you sign the application below)												
I hereby give my permission for my child to participate as a volunteer in the PBVSC program. I certify that each answer to the questions in this application and all other information provided by my child is true and correct to the best of our knowledge. We understand that any misrepresentation of facts shall be considered basis for rejection of this volunteer application or discharge if accepted. I authorize the City of Palm Bay to verify information listed in this application and to contact the listed references. I understand that a backgroundscreening will be conducted as it applies to the volunteer assignment in which my child has expressed an interest and I give my consent to the same. Parent or Legal Guardian's Signature:												
Parent d	or Legal G	uardians	Signature	-					ט	ate		



PALM BAY VOLUNTEER SERVICE CORPS (PBVSC)

APPLICATION FOR MINORS (under 18 years of age)

LIABILITY WAIVER

By signing this volunteer waiver, I agree to the following:

- 1. I release, waive, discharge, and covenant on behalf of myself and my minor (under age 18) children not to sue the City of Palm Bay ("City"), their elected and appointed officials, agents, volunteers, and employees ("Releases") from all liability to me, or my minor children, for any loss or damage, and any claim or demands on account of personal or property injury or because of my, or my minor children's death, whether caused by Releases' negligence or otherwise, while I, and my minor children, participate in the Palm Bay Volunteer Service Corps.
- 2. I further agree to defend, indemnify, and hold harmless the City and its officers, employees and agents, from and against any and all claims, suits, actions, liability judgment and expenses that may arise by reason of services I, or my minor children, provide as a volunteer or that are connected in any way therewith. I will pay all costs incident to any claim, including, without limitation, attorneys' fees.
- 3. I expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- 4. I grant permission for the City to use my, or my minor children's image, filmed or photographed during volunteer activities, to promote its services and programs.
- 5. In case of serious injury, I give my permission for City personnel to seek any medical treatment should it become necessary.

I have read and voluntarily sign this release, waiver of liability, and indemnity agreement, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Name:								
Address:								
Phone Number:				Cell Number:				
Main Contact Email Address:								
If signing on behalf of a minor (under age 18):								
Child's Name:							Age:	
Child's Name:							Age:	
Child's Name:						Age:	1	
Child's Name:						Age:		
Signature:						Date		