

Volunteer Application

Event:	
Mailing Address:	
Contact #:	
DOB:	
School/Org. Affiliation:	
Emergency Contact name #:	

Please choose the option(s) that best describe you:

I am a student looking to fulfill service hours.

- I am a local resident interested in giving back to my community through service.
- _____ I am interested in volunteering on a regular basis.
- _____ Other (please explain):

How did you hear about this opportunity?

Please return application to:

Samantha Ethridge

E-mail: sethridge@eaglelakefl.gov In person: 75 N. 7th Street Eagle Lake, FL 33839

VOLUNTEER HOLD HARMLESS AGREEMENT

I, ______ agree to hold the City (City of Eagle Lake) and its agents, officials and employees harmless from any claims by me, my family, estate, heirs or assigns arising out of my volunteer service to City.

I further agree that I will hold harmless, indemnify and defend the City and its agents, officials and employees from any damage to persons or property, resulting from any negligence and/or intentional acts on my part.

I assume the responsibility of mental and physical fitness to perform the work that is assigned me by the City. If I do not feel that I am capable of performing the work assigned me I assume the responsibility of informing the City of that fact.

I am of lawful age and legally competent to sign this Agreement and I understand the terms and have signed this document as my own free act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE BY READING IT BEFORE I SIGNED IT. I REALIZE THAT BY SIGNING THIS DOCUMENT I AM GIVING UP LEGAL RIGHTS TO WHICH I MAY BE ENTITLED.

Signature of Volunteer	Date		
Signature of Parent/Legal Guardian	Date		