



MAYOR GARY O. PHILLIPS
 COUNCILMEMBER KATE COLIN
 COUNCILMEMBER DAMON CONNOLLY
 COUNCILMEMBER MARY BETH BUSHEY LANG
 COUNCILMEMBER ANDREW CUYUGAN McCULLOUGH

VOLUNTEER SERVICE AGREEMENT

The undersigned understands that the City of San Rafael ("City") agrees to provide volunteer work for me ("Volunteer"), and/or my children who are under the age of 18 ("Volunteer Minor") as listed below, and that the personal information contained in this Agreement, other than the name of the Volunteer, shall not be disclosed to any third parties, except to the extent required by law. I understand and acknowledge that Volunteer and/or Volunteer Minor is not a City employee and will receive no salary, remuneration, or benefits for any volunteer services to the City.

The undersigned understands that while volunteering with the City, the Volunteer and/or Volunteer Minor will follow the specific directions of the Supervisor identified below and/or the City of San Rafael Volunteer Coordinator while undertaking volunteer duties, will work only on City property, and will take great care to engage only in safe practices that insure the Volunteer and/or Volunteer Minor's safety and the safety of others. The undersigned agrees that the Volunteer and/or Volunteer Minor's volunteer services will be limited to the dates and times of service listed below, and that if the Volunteer and/or Volunteer Minor wishes to volunteer at any times other than as listed below, another Agreement will need to be executed.

The undersigned understands that during the course and scope of the Volunteer and/or Volunteer Minor's volunteer services to the City, the Volunteer and/or Volunteer Minor will be covered under the City's self-insurance program, and that the sole remedy for any injury that the Volunteer and/or Volunteer Minor may sustain during the course and scope of such volunteer services shall be under the City's Workers' Compensation through the City's self-insurance program. The undersigned hereby waives, for him or herself and on behalf of any Volunteer Minor listed below, any other right or remedy that may be available for any injuries incurred by Volunteer and/or Volunteer Minor pursuant to this Agreement. The undersigned agrees to notify the City of San Rafael Volunteer Program (485-3071), Public Works (720-6009) or Human Resources Department (458-5020) immediately of any injury that may occur during Volunteer and/or Volunteer Minor's volunteer services with the City of San Rafael.

THE UNDERSIGNED ACKNOWLEDGES THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS AGREEMENT AND SIGN ON BEHALF OF MYSELF AND/OR MY MINOR CHILDREN LISTED BELOW:

Volunteer Project or Work Description		Dates/Times (up to 1 month maximum)	
1 _____		2 _____	
3 _____		4 _____	
Volunteer Names (add age & birth date next to the name of volunteer minors)			
_____		_____	
Emergency Contact/Relationship		Emergency Contact Phone #	
_____		_____	
Adult Volunteer/Parent/Guardian Signature	Date	San Rafael Supervisor Signature	Date
_____	_____	_____	_____
Mailing Address*	City	State	Zip
_____	_____	_____	_____
Phone (day)	Phone (eve)	Email address	
_____	_____	_____	
<i>(Please update contact information annually or if any changes have occurred since the last time you volunteered with us)</i>			

MUST BE COMPLETELY FILLED OUT & SIGNED (By parent or legal guardian if under 18)

P.O. Box 151560, San Rafael, CA 94915-1560
 Phone: (415) 485-3407 Fax: (415) 485-3175 TDD: (415) 485-3198