



City of Lake Helen

(396) 228-2121

www.lakehelen.org

VOLUNTEER APPLICATION

The city of Lake Helen encourages the participation of volunteers who support improving the quality of life in "the Gem of Florida", we encourage you to complete this application. The information on this form will help us notify you of upcoming opportunities.

Thank you for your interest in serving our community.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Any special talents or skills you have that you feel would benefit our city?

Interests: Please tell us in which areas you are interested in volunteering

____ Administration

____ Events

____ Programs

____ Fundraising

____ Adopt a Park

____ Advisory Boards

Please indicate days available: Mon ___ Tues ___ Wed ___ Thu ___ Fri ___ Sat ___

Times available: From _____ To _____

Signature: _____ Date: _____

The bearer of the signature above has signed the Lake Helen Volunteer Agreement and Release of Liability.



VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

- 1. I, _____ agree to work for the City of Lake Helen as a volunteer.
2. As a volunteer, I understand that the City of Lake Helen is not responsible for scheduling my volunteer work.
3. I am aware that participation as a volunteer may require periods of walking or other light labor and will require the exercise of reasonable care to avoid injury.
4. As consideration for volunteering for City of Lake Helen, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue City of Lake Helen and employees, agents or contractors for injury or damage resulting from the negligence whether active or passive, or other acts, however caused, by my volunteering.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY City of Lake Helen.
6. I understand that the materials and tools provided by City of Lake Helen are and remain the property of City of Lake Helen, and I agree to return these tools and any remaining materials to City of Lake Helen at the end of my volunteer service.
7. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL. I authorize city of Lake Helen to conduct a background check.

Form with fields for Date, Address, Phone, Email, ID (type), Volunteer Signature, and /Volunteer Printed Name.

If volunteer is under 18 years of age, parent or guardian must read and sign the following: This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Form with fields for Date, Parent or Guardian Signature, and /Printed Name.