



# CITY OF BURBANK BURBANK VOLUNTEER PROGRAM



Burbank Volunteer Program Enrollment Form  
 1301 W Olive Ave. Burbank, CA 91506  
 Phone: (818) 238-5370 Fax: (818) 238-5388  
 BVP@burbankca.gov

**Check the boxes that apply:**

- Volunteer Youth Sports Coach
- General BVP Volunteer Program

Minor (Under 18 years of age)  
 Adult (18 years and older)\*

**\* All applicants 18 years and older will also be required to do a Live Scan and NCSI background check prior to placement.**

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a U.S. Veteran?  No  Yes  
 Physical Limitations you wish to disclose:  No  Yes \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**FOR BVP VOLUNTEERS ONLY (NOT NEEDED FOR YOUTH SPORTS VOLUNTEERS):**

Driver's License Number: \_\_\_\_\_  
 Auto Insurance Company: \_\_\_\_\_  
 I Do Not Drive:

**For Office Use Only:**

	1st Contact	Interview Date	2 <sup>nd</sup> Contact	Supervisor Contact	Inactive Letter Sent	Terminated
Date:						
Staff Initials:						

	Enrollment Form Received	LiveScan Complete	NCSI Complete	Received TS	Entered Volunteer Reporter	Scanned
Date:						
Staff Initials:						





# CITY OF BURBANK VOLUNTEER PROGRAM

## WAIVER & RELEASE OF LIABILITY MEDICAL EMERGENCY TREATMENT

The undersigned is voluntarily participating in the City of Burbank Volunteer Program, subject to the City's sole discretion and approval. In consideration of being allowed to participate as a volunteer, the undersigned acknowledges and agrees that:

I have voluntarily applied to participate in this program. I promise to adhere to the rules established for the program.

I acknowledge that the City of Burbank has obtained the following insurance policies which may apply to me in the event of a covered accident or occurrence that occurs during the course and scope of my duties as a program volunteer: Accidental Death and Dismemberment Coverage and Excess Accident Medical Expense Coverage for personal injuries; and Volunteer Excess Automobile Liability Insurance and Excess Volunteer Liability Insurance. I understand that the City pays for these policies, and there is no cost to me as a volunteer. The City may make changes to such policies, and will notify me in the event of a change.

I am voluntarily participating in this program with knowledge of the risks involved. I hereby agree to accept any and all risks of injury, death, or property damage associated with my participation in this program. I am responsible for understanding how to properly perform tasks within the course and scope of my volunteer duties, and will inquire if I am unsure of proper performance. I will not perform tasks that are beyond my ability.

I grant the City of Burbank permission to use my photographs and images (including video images) for the purpose of publicizing and marketing City activities. I understand that no compensation shall be given for use of these photographs and that these images shall become the sole property of the City of Burbank.

As a condition of the City of Burbank's permitting me to participate in this program, I HEREBY AGREE that, to the maximum extent of the law, I and my heirs, distributees, guardians, legal representatives, and assigns WILL NOT MAKE A CLAIM AGAINST, SUE, OR PROSECUTE the City of Burbank, its officers, agents, and employees for any injury, death or property damage that I may sustain as a result of my participation in this program, except for claims arising out of the gross negligence or willful misconduct of the City.

In addition, I HEREBY RELEASE AND DISCHARGE the City of Burbank, its officers, agents, and employees from and against ALL ACTIONS, CLAIMS, OR DEMANDS for any injury, death or damage resulting from my participation in this program, except for claims arising solely out of the gross negligence or willful misconduct of the City. This release and discharge applies to myself, my heirs, distributees, guardians, legal representatives, and assigns.

**I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND THAT I AM AWARE THAT THIS IS A WAIVER AND RELEASE OF LIABILITY BETWEEN MYSELF AND THE CITY OF BURBANK, AND I SIGN IT OF MY OWN FREE WILL.**

\_\_\_\_ By my signature below, I hereby certify that I am eighteen (18) years of age or older.

\_\_\_\_ I am under the age of eighteen (18) years. My parent/guardian has read this form with me and completed the additional parent/guardian Waiver and Release.

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**PARENT/GUARDIAN WAIVER AND RELEASE - FOR MINOR**

**[NOTE: If the participant is under the age of eighteen (18) years, the parent or guardian must execute the following Waiver and Release.]**

The undersigned \_\_\_\_\_ (name of parent/guardian) referred to as the parent and natural or legal guardian of \_\_\_\_\_ (minor participant's name) does hereby represent that he or she is, in fact, acting in such capacity and **BY THE SIGNATURE BELOW, THIS PARENT/GUARDIAN FURTHER ACKNOWLEDGES AND AGREES TO BE BOUND BY THE TERMS OF THE WAIVER AND RELEASE OF LIABILITY SIGNED BY THE MINOR FOR PARTICIPATION IN THE CITY OF BURBANK VOLUNTEER PROGRAM.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Date

**MEDICAL EMERGENCY TREATMENT CONSENT**

As a parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury or illness. Consent is given for any licensed physician, surgeon, accredited medical personnel, or City personnel to give medical attention and to administer such treatment, drugs, and/or medicines, and to perform such medical procedures as is deemed necessary based on the existing medical situation. I further understand that the City of Burbank will not be providing medical insurance and that I am responsible for payment in full of any payments due as a result of said treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Current Medications: \_\_\_\_\_

Special Considerations (medical conditions, physical limitations, allergies, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_