

## YOUTH VOLUNTEER Commitment, Expectations, Release of Liability, Waiver and Medical Release

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### **Commitment**

*The act of volunteering means commitment to a definite program. As volunteer opportunities are available, you will be promising to do specific duties, and your agreement to do this without compensation will not change the fact that our staff will be depending on you. Your commitment of service should be honored as conscientiously as if you were receiving wages.*

### **Expectations of Centennial Volunteers**

1. Come ready to work.
2. Complete a release of liability form, minors must have parents sign for them.
3. Notify staff in charge if the volunteer has any special needs that should be addressed.
4. Wear appropriate clothing that you are not worried about getting dirty or ruined if painting.
5. Know that you are appreciated and this program is designed to help the community come together and show their Love for it.
6. Please show up on time. Please let the volunteer coordinator know if you cannot make it if you registered for a project. (394-8830/).
7. All projects are given a number of volunteers they can accommodate so pre-registering is beneficial so the amount of supplies needed can be supplied.
8. Please respect your fellow volunteers and treat them the way you would like to be treated.
9. If there are any questions, PLEASE ask
10. In order for your hours to count each volunteer must complete an Hour Volunteer Log Sheet. These can be emailed to you, printed from our website or picked up at City Hall. If you are doing all 100 hours you may turn in the logs all at once or they can be dropped off in the City Hall drop box as you fill a sheet. Verbal notification is not accepted.
11. Please be sure all blanks on the forms are filled in neat and legible.
12. There will be a ceremony in January of 2023 to present service pins to all those that have met their 100 hours of Volunteer Service.

### **Authorization Consent to Medical, Surgical, Hospital and Dental Care to Minor:**

I am a parent or person having legal custody or the legal guardian of the above participant, and I give permission for the child to participate in Livingston Centennial Volunteer Program. In consideration of the child being permitted to participate in the above Program, I with the intent of binding myself, my spouse(if any), and my heirs, legal representatives, and assigns, release and discharge the Recreation program sponsors, from all injuries or damages, suffered by the child while participation in the Recreation Activity. I understand that in signing this release, I do not exempt or release the City, its council persons, employees, agents, assigns or the Recreation program sponsors from responsibility for any fraud, willful injury or willful or negligent violation of the law committed by any such persons. I further understand that: "The City of Livingston **does not have or provide medical or accident insurance** for persons involved in programs sponsored by the Recreation Department. The UNDERSIGNED, who is a parent or person having legal custody or the legal guardian of the above-named child, hereby authorizes any adult employee of the City of Livingston Recreation Department, into whose care the child has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the child under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the child by a dentist licensed under the provisions of the Dental Practice Act. It is understood that the City of Livingston neither assumes nor admits to any liability for payment of any medical or related services, including ambulance fees, rendered pursuant to this authorization. This authorization is given to consideration of participation of the named child in a program or programs conducted by the City of Livingston. **\*\*Children 11 years and younger must have a parent accompany them to the volunteer activity. By clicking on the Agree button you also give your child permission to participate in the Livingston Centennial 100 hours of Service Program.**

**Note to Parents: The purpose of this form is to authorize adult employees of the City of Livingston to obtain medical, surgical or dental aid for your child should the need arise. The authorization is given pursuant to the provisions of Section 25:8 of the Civil Code of California.**