



Teen Volunteer Name: _____ Age of Teen Volunteer: _____
(please print)

Parent/Guardian Name: _____ Parent/Guardian Signature: _____
(please print) (sign)

Parent/Guardian Contact Phone Number: _____ Date signed: _____

Parent/Guardian Permission: I hereby certify I am the adult parent or guardian of the junior volunteer named above, and I consent to his/her participation in a volunteer capacity with the City of Burleson. In case of emergency, I authorize the person in charge to seek qualified medial aid for any injury sustained by my child.

I understand that my child is expected to act in an appropriate manner, and, if my child does not behave appropriately, I may be required to pick/him/her up at the site. I affirm that my child's participation in volunteering with the City of Burleson is entirely voluntary and my child is subject to the rules, procedures, regulations, and safety protocols of the City of Burleson. I agree to accept all financial responsibility for the inappropriate actions of my child. I understand my child is expected to follow the rules of conduct for the City of Burleson volunteer programs as established by the department in which my child volunteers.

I certify that my child is physically fit, has sufficiently prepared or trained for participation in this activity, and has not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude his/her participation in this activity. I give permission for my child to be given emergency medical treatment and/or transportation in the event of accident, injury of sudden illness while said child is engaged in volunteer service to the City of Burleson I agree to accept all financial responsibility for any such medical treatment and transport. I agree to be responsible for providing transportation for my child to and from the volunteer activity. I acknowledge this Volunteer Permission Waiver and Liability Statement will be used by the event holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern my child's actions and responsibilities at said activity.

In consideration of my application and permitting my child to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE FROM ANY AND ALL LIABILITY, INCLUDING BUT NOT LIMITED TO, LIABILITY ARISING FROM THE NEGLIGENCE OR FAULT OF THE ENTITIES OR PERSONS RELEASED, FOR DEATH, DISABILITY, PERSONAL INJURY, PROPERTY DAMAGE, PROPERTY THEFT, OR ACTIONS OF ANY KIND WHICH MAY HEREAFTER OCCUR TO ME INCLUDING MY TRAVELING TO AND FROM THIS ACTIVITY, THE FOLLOWING ENTITIES OR PERSONS: THE CITY OF BURLESON AND/OR THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, REPRESENTATIVES, AND AGENTS, AND THE ACTIVITY HOLDERS, SPONSORS, AND VOLUNTEERS;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE THE ENTITIES OR PERSONS MENTIONED IN THIS PARAGRAPH FROM ANY AND ALL LIABILITIES OR CLAIMS MADE AS A RESULT OF PARTICIPATION IN THIS ACTIVITY, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASE OR OTHERWISE.

I acknowledge that the City of Burleson and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

Nothing herein shall be construed as a waiver of the City's governmental immunity or of any damage caps or limitations imposed by law, or any other legal protections granted to the City by law.



City of Burleson

Volunteer Policy

Situations arise within City departments that require volunteers to deal with confidential information. Volunteers will be expected to maintain the utmost professionalism when dealing with information and records that are confidential.

Volunteers: All Member records are confidential; misuse of any member's personal information is strictly forbidden. Violation of this policy may result in immediate dismissal from the volunteer program.

By signing below, you acknowledge receipt of this policy and agree to the terms.

Volunteer Signature

Parent/Guardian Signature

(only for teen applicants)

Volunteer Printed Name

- For office use only: Original to volunteer coordinator