



Volunteer Application and Registration Form

Thank you for your interest in volunteering for The City of Monroe! We look forward to partnerships with volunteers to enable us to effectively serve the citizens of our community. In order to ensure the safety of our volunteers and protect the interests of The City of Monroe, we require potential volunteers to complete this questionnaire form and participate in a background check when applicable. Thank you for volunteering.

Name		Daytime Phone	
Address		Evening Phone	
City/Zip		Email	

VOLUNTEER ACTIVITY:

Assist with general activities associated with the 2024 Monroe BBQ & Logging Festival.

Date of Event you are volunteering for:

Saturday, May 18, 2024

EMERGENCY INFORMATION

Name and contact information for the person(s) to reach in the event of an emergency.

Name	Phone Number	Relationship

Volunteer Release and Waiver

This is a Release and Waiver of liability, Assumption of Risk and Indemnity Agreement (“Agreement”).

- I make this Agreement for the benefit of The City of Monroe and its supervisors/managers, elected officials, employees, agents, personal representatives, next of kin, heirs, successors and assigns (collectively, The City of Monroe).
- I make this Agreement in consideration of The City of Monroe providing me with the opportunity to participate as a volunteer in the above-described assignment.
- I accept full personal responsibility for all risks arising from or relating to this assignment.
- My participation as a volunteer, whether for this assignment or other volunteer tasks I accept from The City of Monroe, is completely voluntary and I have neither received nor expect to receive any compensation for my participation in it.



- I agree to read, listen to and follow all safety instructions and procedures presented in conjunction with this assignment and to use my best judgment based upon my physical and mental abilities at all times, and to immediately terminate participation in this assignment or any other volunteer assignment I agree to undertake if activities become too strenuous, difficult, or hazardous for me. I am physically and mentally capable of participating in the Assignment described above without injuring myself in any manner.
- I agree to waive all liability of The City of Monroe, hold them harmless, indemnify them, discharge them, covenant not to sue them, and reimburse them for any liability, claims, sums, costs, or other expenses on my account that may be caused in whole or part by my participation with the assignment.
- I further agree that, despite this Release and Waiver of liability, Assumption of Risk and Indemnity Agreement, if I or anyone on my behalf makes a claim against The City of Monroe, I will indemnify, save and hold harmless The City of Monroe from any litigation expenses, attorneys' fees, loss, liability, damage, or costs that The City of Monroe may incur as a result of such action.
- If I use a personally owned vehicle in the course of my duties, I understand I am required to have automobile liability insurance in accordance with Oregon law. I understand I MUST possess a valid driver's license and that I will immediately inform The City of Monroe if my driver's license is suspended or revoked.
- I understand that I am included and covered by The City of Monroe's workers' compensation insurance program during those times that I am working as a volunteer for The City of Monroe.
- I understand that a photographer may be present to photograph the activities at the assignment and that I may be photographed while participating in the assignment. I agree that I will contact the photographer if I do not wish to be photographed. I give The City of Monroe permission to use and publish photographs of me, or in which I may be included.

I have read this Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature.

Printed Name	Signature	Date
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REQUIRED FOR ALL MINORS:

PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

I, _____, as parent or legal guardian hereby grant permission for to do volunteer work for The City of Monroe. In the event of an emergency, accident, or illness, I authorize The City of Monroe and its employees to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to this agreement.

Signature: _____ **Date:** _____

Note: Complete a new form each year for volunteer service that continues into the next fiscal year, when volunteering for a different activity, or when volunteer duties change.

