



City of Marine City
 Department of Public Works
 303 S. Water St.
 Marine City, MI 48039
 (810) 765-9711
 mitrich@marinecity-mi.org

Marine City Volunteer Application

Upon completion of the Marine City Volunteer Application, we will assess your interest and qualifications to determine if we are able to fulfill your volunteer request. Please answer all questions. This application is not an application for employment. A Parent or Guardian must sign the form if applicant is a minor.

Date: _____

Volunteer Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Driver's License No.: _____

Employer: _____ Job Description: _____

Why are you volunteering (i.e. course credit, leadership class, betterment of community, ect.): _____

Education & Experience: _____

What areas are you interested in volunteering for? _____

When are you available? _____

Is there any physical condition that would limit your ability to perform certain duties? Yes No

If yes, what accommodations are required? _____

Are you performing community service as a result of a court order of probation or parole? Yes No

Please list 2 people who know you personally, who are not family related, that we may contact as references:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Applicant Signature: _____ Date: _____



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Volunteer Name: _____

- **All applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job-related condition or handicap.**
- **Completion of this form does not assure that your services will be utilized. Applicant consents and agrees that criminal background checks may occur and that alcohol or drug testing may be required.**
- **In addition to this application, Applicant must also enter into a separate waiver and release in favor of the City Of Marine City.**

VOLUNTEER WAIVER & RELEASE FORM

The City of Marine City (“The City”) is committed to conducting its programs, services, and activities (collectively, the “City Services”) in a safe manner and holds the safety of City volunteers in high regard. However, volunteers and parents/guardians of minor volunteers must recognize that there is an inherent risk of injury when choosing to volunteer in performing and/or otherwise assisting the City in providing City Services (“Volunteer Activities”).

You are solely responsible for determining if you or your minor child/ward are physically fit and /or adequately skilled to perform the Volunteer Activities. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physicians before performing and Volunteer Activities that involve physical activity.

WARNING OF RISK

The Volunteer Activities often challenge and engage the physical, mental and/or emotional resources of each volunteer. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when acting as a volunteer for the City. All hazards and dangers cannot be foreseen. Certain risks, dangers and injuries may exist due to slips and falls, poor skill level or conditioning, carelessness, horseplay, premises defects, inadequate or defective equipment, inadequate supervision, instruction and other risks inherent to the Volunteer Activities. In this regard, it is impossible for the City to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

As an acting City Volunteer, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child might sustain as a result of volunteering in any and all Volunteer Activities and/or City Services (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to volunteers providing and/or engaging in Volunteer Activities and/or City Services, and I voluntarily agree to assume the full risk of any and all injuries, death, damage, or loss regardless of severity, that my minor child/ward or I may sustain as a result of said Volunteer Activities and/or City Services. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of the Volunteer Activities, and/or City Services, against the City, or any of its affiliated organizations, or any of their respective officials, officers, employees, agents, and or other volunteers, collectively or individually.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Applicant Signature: _____ Date: _____

Parent/Legal Guardian Signature, if participant is under 18: _____