



# Volunteer Application

City of Mission Viejo/Mission Viejo Library  
Attn: Arts Alive Festival/Vickie Sullivan  
100 Civic Center

Mission Viejo, CA 92691

<http://cityofmissionviejo.org/artsalivefestival/MVEventVolunteers@cityofmissionviejo.org>

**April 28, 2018 Saturday, 12 noon to 5:00 p.m.**  
**April 29, 2018 Sunday, 12 noon to 5:00 p.m.**

Orientation is mandatory for new event volunteers.  
Two choices are being offered at the  
**Norman P. Murray Community & Senior Center,**  
24932 Veterans Way, Mission Viejo  
Please check below the time you plan to attend:  
**Tuesday, April 24, 2018 ~ Jacaranda Room B**  
 10-11 am                       6-7 pm

Title: Mr. Mrs. Ms. Dr.

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

**Volunteers must be 15 years or older**

Full Legal Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Emergency contact information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number where they can be reached day of event: (\_\_\_\_) \_\_\_\_\_

Organization/volunteer group/school: \_\_\_\_\_

Skills / training / knowledge / hobbies / interests related to the Arts Alive Festival:

\_\_\_\_\_

Please list any physical limitations we should be aware of:

\_\_\_\_\_

**Availability:**

<b>Saturday, April 28, 2018</b>	<b>Sunday, April 29, 2018</b>
<input type="checkbox"/> Set-up 9:00 a.m. to 11:00 a.m.	<input type="checkbox"/> 11:30 a.m. to 2:00 p.m.
<input type="checkbox"/> 11:30 a.m. to 2:00 p.m.	<input type="checkbox"/> 2:00 p.m. to 5:00 p.m.
<input type="checkbox"/> 2:00 p.m. to 5:00 p.m.	<input type="checkbox"/> Tear Down 4:00 p.m. to 6:00

OFFICE USE ONLY: Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Attended Orientation: Y N

Assigned to: \_\_\_\_\_ Shift: \_\_\_\_\_

## Release, Hold Harmless, and Agreement Not to Sue

I hereby release, discharge and agree not to sue The City of Mission Viejo for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the **Arts Alive Festival** from whatever cause, including the active or passive negligence of The City of Mission Viejo or any other participants in the **Arts Alive Festival**. The parties to this agreement understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision. In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless The City of Mission Viejo from any and all claims, demands, actions or suits arising out of or in connection with my participation in the **Arts Alive Festival**.

**I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## Parental Consent

**(Required for volunteers under 18 years of age in order to participate):**

I hereby allow my son/daughter to participate in the Arts Alive Festival on Saturday, April 28, 2018 and Sunday, April 29, 2018. I understand that services are being offered on a voluntary basis without anticipation of financial remuneration. I agree to assume all risks for injuries arising out of my son/daughter's participation as a volunteer. I agree that the City of Mission Viejo and all employees, officials, agents, representatives and sureties of the City shall NOT be responsible or liable for any injury, damage, loss or expense, to my son/daughter and/or property, incurred while participating as a volunteer.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

## Medical Release

In the event that I cannot be reached in an emergency, I hereby give permission to the emergency medical staff selected to hospitalize and secure proper treatment for my child and I will assume all medical cost.

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PHOTO RELEASE

I hereby irrevocably consent to the City, it's employees, officials, agents, and representatives, for valuable consideration received, to use, authorize and assign unlimited permission to use, publish and republish for any purpose whatsoever, by the City, or anyone authorized by the City, of any and all photographs which you have taken of me, negative or positive, without further compensation to me. All negatives and positives, together with the prints shall constitute the property of the City of Mission Viejo.

OFFICE USE ONLY: Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Attended Orientation: Y N

Assigned to: \_\_\_\_\_ Shift: \_\_\_\_\_