



## Town of Fountain Hills Volunteer Application

Name :	
Address:	
City:	State:
Zip:	
Home phone:	Cell phone:
Email address:	
If under 18, age and grade:	Birthday:

**Please circle areas of interest:**

- |                      |                       |                      |
|----------------------|-----------------------|----------------------|
| Administration       | Home Delivered Meals  | Development Services |
| Save Our Sculptures  | Trail Blazers         | Activity Center      |
| Art Docent           | Parks & Recreation    | Special Events       |
| Community Center     | Receptionist          | Give-a-Lift Program  |
| Crisis Response Team | Make a Difference Day |                      |

Please describe any paid or volunteer work experience you have had that may relate to your interest in volunteering for the Town of Fountain Hills.

Please describe any training or formal education you have had that may assist you in volunteering for the Town of Fountain Hills.

**In what type of environment would you like to work?**

- |                     |                       |                     |
|---------------------|-----------------------|---------------------|
| _ Office/Indoors    | _____ Outdoors        | _____ With Children |
| _ With Older Adults | _____ With the public | _____ With Youth    |

**Language Proficiency (other than English):**

Language:

Speak:  Yes  No      Read:  Yes  No      Write:  Yes  No

**Availability:**

How many hours per week do you wish to volunteer?

If you do not want a weekly schedule, what is your preference?

Please use the grid below to indicate your current availability for volunteering.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**Please list a personal reference (unrelated), if under 18 list Emergency Adult contact:**

Name :	Phone:
Address:	
City:	State:      Zip:

**CONDITIONS**

I fully understand, acknowledge, and agree to the following: The volunteer program is under no obligation to accept all interested volunteers.

Any or all of the following may be required before placement in any sensitive volunteer position: (A) Background Investigation (B) Fingerprinting (C) Drug/Alcohol Testing (D) MVD Check

All statements made on this application are true and authorization is given to investigate all matters contained in this application. Any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

**WAIVER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware that by participating in the **Fountain Hills Volunteer Program** you will be waiving and releasing all claims for injuries you might sustain arising out of said program.

I recognize and acknowledge that there are certain risks of physical injury to participants in the **Fountain Hills Volunteer Program** and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I may sustain as a result of participating in any activities connected or associated with the **Fountain Hills Volunteer Program**. I waive and relinquish all claims I may have against the Town and its officers, agents, servants and employees as a result of participating in the **Fountain Hills Volunteer Program**. I hereby fully release and discharge the Town and its officers, agents, volunteers and employees from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my participation in the **Fountain Hills Volunteer Program**. I further agree to indemnify and hold harmless and defend the Town and its officers, agents, volunteers and employees for, from and against any and all claims resulting from injuries, damages and losses sustained by me and arising out, connected with, or in any way associated with any activities of the **Fountain Hills Volunteer Program**.

Over

**Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend physical distancing and have, in many locations, prohibited the congregation of groups and people.

**The Town of Fountain Hills (Town)** has put in place preventative measures to reduce the spread of COVID-19; however, the Town **cannot guarantee** that you, your children, or any other person, will not become infected with COVID-19. Further, attending Town sponsored activities could increase your risk and your child or children’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child or children and I may be exposed to or infected by COVID-19 by attending Town activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Town activities may result from the actions, omissions, or negligence of myself and others, including but not limited to Town employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or children or myself, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense or any kind, that I or my child or children may experience or incur in connection with my child or children’s attendance at Town activities or programming. On my behalf and on behalf of my child or children, I hereby release, covenant not to sue, discharge, and hold harmless and indemnify the Town, its employees, agents, and representatives, of and from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Town, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Town program.

Media Disclaimer: By participating in programs and special events, a participant expressly grants the Town of Fountain Hills the royalty free license and complete release to take photos and videos of themselves and their children for publication in the program brochure, web site and additional uses as the Town deems necessary unless the registrant or participant expressly files with the Town a written objection as to photos or videos of themselves and/or their children.

Volunteer Signature:	Date:
Parent/Guardian Signature (if volunteer is a minor):	Date:

Please return application to: Kim Wickland, Volunteer Coordinator  
Town of Fountain Hills  
13001 N. La Montana  
Fountains Fountain  
Hills, AZ 85268  
p: 480.816.5108 e: [kwickland@fh.az.gov](mailto:kwickland@fh.az.gov)