



**SAUSALITO VILLAGE**

## **VOLUNTEER APPLICATION AND AGREEMENT**

### **Sausalito Village and CARSS**

Thank you for your interest in volunteering with Sausalito Village, which also manages CARSS (Call A Ride for Sausalito Seniors). Please print and complete this application and agreement and mail it to:

**Sausalito Village**  
**PO Box 208**  
**Sausalito, CA 94966**

**IF you plan to be a Volunteer Driver, please send a copy of your license and insurance showing your coverage of at least \$300k/\$100k/\$50k.**

#### Personal Information

Name \_\_\_\_\_ Birth Month/Day \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Preferred way for contact (circle)    Home Phone    Cell    Text    Email

#### Emergency Contact Information

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

#### TWO References (Personal or professional; not a relative)

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**VOLUNTEER PLEDGE AND WAIVER**  
**(Volunteer Drivers must also sign the Driver Pledge)**

1. I understand, acknowledge, and agree that as a volunteer of Sausalito Village (hereafter "SV"), a 501 (c) (3) California non-profit organization, I will conform to all SV policies, rules and procedures.
2. If I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in immediate termination of my service as a volunteer.
3. I intend to offer my time without monetary compensation or other remuneration. I understand that California Labor Code Section 3352(i) does not require nonprofit organizations to provide worker's compensation coverage for volunteers performing services for the non-profit organization. I understand that SV does not provide worker's compensation insurance for volunteers.
4. I authorize SV to contact my references and perform a background check, including my driving record and any criminal records. I understand that all information collected in my background check will be kept confidential. Any references contacted have my permission to provide their candid evaluation of my suitability for the described volunteer work.
5. I understand that I will not be asked to perform volunteer services for any SV member who has not signed an agreement not to sue and to indemnify and hold harmless SV's volunteers with respect to claims arising out of their volunteer services to members.
6. I agree that I, my assignees, heirs and legal representatives will not make any claim against or sue SV or any of its members or volunteers, for any injury or damage resulting from my services as a SV volunteer. BY THIS RELEASE AND WAIVER IT IS MY INTENTION TO EXEMPT AND RELIEVE SV, ITS MEMBERS AND VOLUNTEERS, FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE. I further agree to release, discharge, indemnify and hold harmless SV, SV's members and volunteers, officers, directors, employees, and agents from any and all actions, claims, demands, losses, costs, liabilities, settlements, damages and expenses that I, my assignees, heirs, and legal representatives (including without limitation my insurance carrier) may have for any injury or damage I may suffer in connection with my services as an SV volunteer, whether caused directly or indirectly by any negligence attributable to SV, any of SV's members or volunteers, any of its officers, directors, employees, or volunteers.
7. SV does not assume any responsibility for or obligation to provide financial assistance to me, including, but not limited to, medical, health, disability, or liability insurance. I understand that SV does not maintain health, medical, or disability insurance coverage for volunteers.
8. I understand that it is imperative to protect the confidentiality of all information pertaining to any SV member, non- member or other volunteer associated with SV, and that any unauthorized possession, use, copying, reading or disclosure of applicable records, ledgers or files is prohibited and grounds for immediate termination of my service as a volunteer.

9. I grant and convey to SV all right to, title to, and interest I might otherwise have in any and all intellectual Property created by, on behalf of, or for the benefit of SV, including, without limitation, photographic images and Video or audio recordings, such grant and conveyance to include, without limitation, any right, title or interest I might Have in royalties, proceeds, and/or other benefits derived from such intellectual property. I authorize SV to use any photographs taken of me while I am engaged in SV activities on their websites and in publications, and to release such photographs for publication in newspapers, magazines, and other printed materials without notice or compensation to me, my heirs or assigns.

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Printed Name of Participant

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Signature of Participant

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Date

Your signature confirms that you understand and accept the terms of the Volunteer Agreement set forth above. You also understand that Sausalito Village is not obligated to use your services and that if you are offered a volunteer position, you are not obligated to accept it. The information you have submitted will not be given to any other parties without your permission.

**Parental Consent (to be completed if applicant is under 18 years of age)**

I give my consent for my child, named on page one of this application, to provide volunteer services to Sausalito Village. I also give Sausalito Village my consent to obtain any emergency medical treatment necessary for the safety of my child.

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Printed name of Parent or Guardian

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Signature of Parent or Guardian

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Date

**DRIVER PLEDGE AND WAIVER**  
**(Must be completed ONLY if you plan to be a volunteer driver)**

I agree as follows:

1. I am volunteering my services to work as a driver for Sausalito Village.
2. I will perform assigned tasks that are within my physical capability, and I will not undertake tasks that are beyond my ability.
3. I will not participate if under the influence of alcohol or any drug that could impair my physical or mental abilities.
4. I am familiar with the safe operation and use of motor vehicles, and I will not undertake to use any motor vehicles with which I am unfamiliar or which I do not know how to operate safely;
5. I have received appropriate instruction regarding appropriate safety and emergency procedures, and I fully understand those instructions.
6. I will perform only those tasks assigned, observe all safety rules, and use care in the performance of my assignments.
7. I specifically acknowledge that I am engaging in this activity as a volunteer and not as an employee, agent, official, officer or representative of either the Sausalito Village or the City of Sausalito; and further acknowledge that I am not entitled to any compensation, benefit or insurance coverage from Sausalito Village or the City of Sausalito, nor will I make any such claim.

8. I understand and agree that neither Sausalito Village or the City of Sausalito, nor any of their respective employees, officers, agents or assigns, (collectively referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death or other damages to me or my family, heirs, assigns, or personal property that may occur as a result of my participation in volunteer activities, or as a result of product liability or the negligence, whether passive or active, of any party, including Released Parties, in connection with these activities.

9. I understand that driving involves certain inherent risks, including but not limited to, the risks of possible injury, or loss of life as a result of overexertion or environmental conditions, including but not limited to, adverse weather, or dangerous terrain. Despite the risks, I still choose to participate in such activity.

10. I have no known physical or health limitation that prevents me from safely participating in these volunteer activities. In consideration for being allowed to participate, I personally assume all risks, whether foreseen or unforeseen, of any harm, injury or damage that may befall me as a participant.

11. If I am injured in the performance of the volunteer activities, I authorize any physician licensed in California to perform such emergency treatment as he or she believes, in his or her sole judgment, may be necessary. I am over the age of eighteen and legally competent to sign this liability release. I understand that the terms herein are contractual and not a mere recital, this instrument is legally binding, and I have signed this document of my own free act.

**I HEREBY RELEASE AND HOLD HARMLESS THE RELEASED PARTIES FROM ANY CLAIM OR LAWSUIT FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH, BY ME, MY FAMILY, ESTATE, HEIRS, OR ASSIGNS, ARISING OUT OF PARTICIPATION IN VOLUNTEER WORK ACTIVITIES, INCLUDING BOTH CLAIMS ARISING DURING THE ACTIVITY AND AFTER I COMPLETE THE ACTIVITY, AND INCLUDING CLAIMS BASED ON NEGLIGENCE OF OTHER PARTICIPANTS OR THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.**

**I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK.**

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date