

Volunteer Waiver

By signing this Waiver, I release El Cajon Community Development Corporation (El Cajon CDC) and the City of El Cajon from any claim resulting from my, my family's or my organization's participation in the volunteer program and special events that El Cajon CDC holds in the City of El Cajon. I will indemnify and hold El Cajon CDC, the City of El Cajon, and I Love A Clean San Diego harmless from any such claim, including negligence, and will pay all costs incident to any such claim including, without limitation, attorneys' fees. I understand and assume all risk associated with volunteer work and events. If I, my family, or any member of my organization, is injured, this waiver will be used against me in any action for damages. I grant full permission for the staff of El Cajon CDC and their event sponsors to use my name, voice, and/or picture in any media or other account of this event for any purpose. No City agent may modify this waiver. This waiver will remain in effect for three years from date of signature.

I read, understand, and agree to abide by the Volunteer Waiver, Code of Conduct, and Volunteer Handbook. I acknowledge that I have received the Organization's Nondisclosure/Conflict of Interest Policy, and that I have read, understand and agree to comply with the Policy.

Print Name _____ Date of Birth _____
Organization _____
Address _____ Apt./Suite # _____
City, State _____ Zip _____
Phone _____ Email _____
Signature _____ Date _____

If volunteer is under 18, a parent or legal guardian must sign this waiver.

Print Name _____ Relationship _____
Signature _____ Date _____

I allow El Cajon CDC to disclose non-confidential information from my volunteer profile to be featured in the El Cajon CDC's newsletter or website. _____Initial here

Who should we contact in an emergency? Name _____
Relationship _____ Phone _____

Do you need volunteer hours to count for your community service?

No Yes

(If yes, is your community service court mandated?)

No Yes

If yes, please list your offense:

How did you hear about volunteering?

Flyer in mail or door Organization/Church

Newsletter Newspaper

El Cajon CDC Website

Other:

Who is your employer? _____

Does your employer have a matching donation program?

Yes No I don't know

For Office Use Only: CCC COTG LHD ATTM COM ADM Other _____