



VOLUNTEER APPLICATION

City of Manitowoc

The City of Manitowoc relies on the help of volunteers. We appreciate your completing this brief information gathering form. Thank you for your interest in supporting the City of Manitowoc with your time and efforts.

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Occupation: _____

Emergency Contact: _____ Phone: _____

Volunteer activities you are interested in: _____

Days/Times Available: _____

Are you able to perform the essential functions for the job for which you are volunteering, with or without reasonable accommodations? Yes / No (circle one)

For certain volunteer positions, dependent upon the responsibilities of the volunteer position, the City may conduct a background check prior to establishing a volunteer relationship. By signing this form, you authorize the City of Manitowoc to conduct a criminal background check including but not limited to review of your police record. Background checks may be conducted at the discretion of the City.

Printed Name: _____ DOB: _____

Signature: _____ Date: _____

Parent/Guardian signature (if applicant under 18): _____

**HOLD HARMLESS, WAIVER OF LIABILITY, ASSUMPTION OF RISK
AND INDEMNIFICATION OF THE CITY OF MANITOWOC**

In consideration for being granted permission to participate as a volunteer for _____ Department in the City of Manitowoc, Manitowoc, Wisconsin, for the time period commencing on _____(date), until either I, or the City, terminate my services, I, the undersigned, in full recognition and appreciation of any dangers and hazards inherent in the activities to which I, or my child, will be exposed as a volunteer for the City of Manitowoc, do hereby voluntarily agree to assume all of the risk and responsibilities surrounding my, or my child's, participation, and further, I do for myself, my child, my heirs, and personal representative(s) hereby agree to defend, hold harmless, indemnify, release and forever discharge the City of Manitowoc, its affiliated, officers, officials, departments, committees, employees, agents, representatives, successors, assigns and volunteers from and against any and all claims, demands, actions or causes of actions of any sort on account of my, or my child's participation, including but not limited to damage to personal property, personal injury, or death which may result. I further understand that any costs incurred for medical treatment or illness or injury resulting from participation shall be my sole responsibility.

I, the undersigned, agree and intent that this Release, Waiver of Liability, Assumption of Risk and Indemnification Agreement extends to all acts or otherwise and is intended to be as broad and inclusive as is permitted by the laws of the State of Wisconsin in which the activities are being conducted and that if any portion thereof is held to be invalid, it is agreed that the balance, notwithstanding, shall continue in full legal force and effect.

I HAVE READ THIS RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT, AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND INTEND BY MY SIGNATURE(S) TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Check this box if you are currently receiving an annuity from the Wisconsin Retirement System (WRS).

Dated this _____ day of _____, _____

Signature

Parent/Guardian Signature

Print Name

Print Name

Witness

Print Name