



CITY OF CHESTERFIELD

APPLICATION FOR VOLUNTEER SERVICE

PERSONAL INFORMATION (PLEASE PRINT)

Last Name:	First Name:	Email:
Address:	City/Zip:	Home Phone:
Emergency Contact: _____ Relationship: _____ Phone: _____		Cell Phone:

APPLICANT'S STATEMENT AND AUTHORIZATION

I release all parties from any liability.

I understand my service is voluntary and I will not be compensated for such service, nor will it lead to special consideration for employment.

I release and hold harmless the City from all liability that may result from my participation in volunteer service.

I grant permission to use my name and any photographs or other media methods for publicity and promotional purposes without obligation or compensation.

I agree to abide by all rules and regulations of the City, and will be respectful to all staff, residents and visitors.

Signature of Applicant: _____ Date: _____

PARENTAL/GUARDIAN PERMISSION (required for volunteers under 18 years of age)

I, the undersigned Parent or Legal Guardian of the above minor, having read and agree to all guidelines and requirements, do hereby give permission for this applicant to perform volunteer service for the City of Chesterfield in accordance with the above statement.

Signature of Parent/Guardian: _____ Date: _____

Applicants are considered for volunteer service without regard to race, color, religion, gender, national origin, age, marital or veteran status, presence of a handicap or legally protected status.