



TOWN OF ROME VOLUNTEER REGISTRATION FORM & WAIVER

Thank you for offering your time and services through volunteering! We greatly appreciate your involvement with the Town of Rome and commitment to the community. In order to make your volunteering experience as safe as possible and to clarify the terms and obligations of the Town and volunteers, the following is provided to you. Please take a moment to read and understand this form carefully before you sign. We hope that the time you spend with us is rewarding, fun and meaningful.

Date: _____ Volunteer Opportunity: _____

Print Full Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____ E-mail: _____

OPTIONAL PHOTO RELEASE: A Volunteer's involvement with the Town of Rome may include coverage in the media. I grant the Town of Rome permission to the use of my likeness, voice, photograph, words and any other creative work without payment or consideration by the media or the Town of Rome. _____ *Please initial*

Volunteers have the following rights & responsibilities:

Your Volunteer Rights:

- Coverage by Town liability insurance policy when performing volunteer duties, subject to policy terms, conditions and exclusions.
- Accurate and truthful information.
- A meaningful volunteer assignment that "fits" you.
- Safe and healthy work conditions.
- Equal opportunities and freedom from discrimination.
- A well-defined description of the work to be done with clear and specific instructions and appropriate training and supervision.
- To know who your volunteer supervisor is and how to contact him/her.
- To know that you are not filling a position previously held by a paid worker.
- To be given a copy of the Town's volunteer policy upon request and any other policy that affects your work.
- Feedback on the work you perform and opportunities for input.
- To be recognized for volunteer accomplishments within established Town policies.
- To work in partnership with staff to assist in the Town's mission and goals.

Your Volunteer Responsibilities:

- To act professionally, appropriately, and lawfully and not under the influence of alcohol or illicit drugs while volunteering.
- To ask questions if you need clarification or help.
- To accept that tobacco use is prohibited while you're engaged in volunteer duties.
- To maintain current auto insurance if you are using your vehicle during the course of volunteer activities.
- To accept that your volunteer assignment may be terminated at any time.
- Not to solicit or accept gifts of significant value (\$25 or over), favors, gratuities, or services during or as a result of your volunteer duties.
- To refrain from being engaged in political campaigning of a personal nature in the course of your volunteer duties.



TOWN OF ROME VOLUNTEER REGISTRATION FORM & WAIVER

WAIVER AND RELEASE OF LIABILITY

The Volunteer does hereby release and forever discharge and hold the Town of Rome (the "Town") harmless from any and all liability, claims, and demands, either in law or in equity, which arise or may hereafter arise from Volunteer's activities with the Town. The Volunteer understands this Waiver and Release discharges the Town from any liability or claim the Volunteer may have against the Town with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's activities with the Town, whether caused by the Volunteer or by the negligence of the Town or its officers, directors, employees, agents, or otherwise. However, the Town and the Volunteer understand the Town is not released from liability for harm incurred by the Volunteer which results from the Town's intentional or reckless conduct.

The Volunteer desires to engage in the activities related to being a volunteer (the "Activities") with the Town. The Volunteer understands the Activities may require, but not be limited to, bending, lifting, walking, tossing, carrying, reaching, crouching, twisting, turning, moving among/around vehicles, and interacting with citizens. The Volunteer understands the Activities include work that may be hazardous to the Volunteer, including, but not limited to, slipping, tripping, falling; sprains, strains, breaks, bumps, bruises, abrasions and other injuries from bending, twisting, turning, crouching, reaching, and from moving, tossing, lifting and carrying items; The Volunteer expressly and specifically assumes the risk of injury or harm in the Activities and releases the Town from any and all liability for injury, illness, death, or property damage resulting from the Activities and caused by the Volunteer or by the negligence of the Town.

The Volunteer understands the Town does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness to the Volunteer. The Volunteer understands the Town does not carry or maintain health, medical, or disability insurance coverage for any volunteer. The Volunteer understands he/she is provided with liability insurance coverage under the provisions of the Town's liability insurance policy. Each volunteer should obtain his/her own medical or health insurance coverage.

Volunteer certifies that all information provided on this application is true and complete. Volunteer understands that falsification or significant omissions of any information may be considered justification for non-acceptance, dismissal, or other action if discovered at a later date.

VOLUNTEER SIGNATURE _____

DATE _____

GUARDIAN'S SIGNATURE _____

DATE _____

(Required if Volunteer is under 18 years of age)

If 18 years of age or older, have you ever been convicted of either a felony or misdemeanor? Yes No
If yes, provide dates and detailed information (including misdemeanor offenses): _____

In case of emergency please notify:

Name _____

Phone _____

Doctor _____ City _____

Phone _____