



# CITY OF TEMPLE CITY

## STUDENT VOLUNTEER

Live Oak Park 10144 Bogue Street., Temple City, CA 91780  
Tony Villalobos (626) 656-7323 [avillalobos@templecity.us](mailto:avillalobos@templecity.us)

Application Received: \_\_\_\_\_

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

City, Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Volunteer Opportunities will be emailed**

School: \_\_\_\_\_ **Expected Date**  
**of H.S. Graduation** \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(Month/day)

Parent Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Please list any previous volunteer experience:

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Please list school and/or extra-curricular activities:

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What type of volunteer assignments would you prefer?

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Please list any skills and/or languages spoken \_\_\_\_\_

**Are you volunteering for school credit?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: How many hours do you need? \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**VOLUNTEER SERVICE AGREEMENT**

The undersigned hereby agrees:

1. Volunteering does not entitle the volunteer to any monetary compensation nor any employee benefits, nor to any tenure.
2. To indemnify, defend, and hold harmless the City of Temple City, its officers, officials, employees, and agents from and against all claims, damages, losses and expenses including attorney fees arising out of completion of volunteer service and caused in whole or in part by any negligent act or omission of the undersigned, anyone directly or indirectly employed or supervised by the undersigned or anyone for whose acts the undersigned may be liable.
3. I have read and understand the terms and conditions set forth in the Volunteer Service Agreement and I agree to abide by the terms. These agreements shall be binding on my heirs and assigns.

Signature \_\_\_\_\_ Signature of parent or guardian \_\_\_\_\_

**CITY OF TEMPLE CITY** Volunteer MINOR (Under 18 years)

**RELEASE FORM AND CONSENT TO TREAT**

MINOR'S NAME \_\_\_\_\_

**CONSENT TO TREATMENT OF MINOR**

In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by the City of Temple City and their representatives, agents, or assignees, when neither the parents, guardian, or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code # 25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of California.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of parent or guardian \_\_\_\_\_ Print Name \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Insurance Company \_\_\_\_\_ Type of Coverage \_\_\_\_\_

Pertinent medical history information (Epilepsy, Diabetes, Allergies, etc.) \_\_\_\_\_

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