



Guadalupe River Park Conservancy

Volunteer Sign-Up Sheet

Event Date: Saturday, April 23, 2011
 10:00 am - 3:00 pm
Check-in locations: 438 Coleman Avenue, San Jose
Sign-up Due Date: Monday, April 11, 2011

Please ONLY check box (s) for which you are able to commit

- Shift 1 Set-Up 7:00am - 10:00am
- Shift 2 Event* 9:30am - 12:30pm
- Shift 3 Event* 12:00am - 3:00pm
- Shift 4 Tear Down 2:45pm - 5:00pm

*Tasks for the 9:30am - 3:00pm shifts include: helping with a variety of activities: answering phones, volunteer check in, raffle ticket sales, compost giveaway, surveys, security, bounce house attendant, photography, 5k run, plant check in, and other tasks as needed.

*Information required to confirm participation

*Name: _____ Company/Group _____
 Address: _____ City: _____ Zip: _____
 *Day Phone: _____ Evening Phone: _____
 Fax: _____ * E-Mail: _____

- Aged 16-17 (emergency/liability release form signed by parent or legal guardian required)
- I have friends/family that may also help. Call me for their names and numbers.
- I have been a volunteer at Spring in Guadalupe Gardens before (please describe previous volunteer assignment)
- I would like to have the same assignment!

LIMITATION/EMERGENCY CONTACT

Do you have any physical restriction/limitation that we need to know about?
 If yes, please explain so we can accommodate. _____
 Emergency contact name: _____ Phone: _____

Please Complete & Mail or Fax to:

Guadalupe River Park Conservancy 438 Coleman Avenue, San Jose, CA 95110

Phone: 408-298-7657 | **Fax:** 866-418-8765 | **E-Mail:** lperez@grp.org | www.grp.org



VOLUNTEER SERVICE AGREEMENT/MINOR

I, _____, am under 18 years old and agree to volunteer my services to the Department of Parks, Recreation, and Neighborhood Services of the CITY OF SAN JOSE (“City”).

I understand that any changes to my schedule are subject to the approval, in advance, by the Department Coordinator.

I acknowledge that there is no salary or other compensation, or prizes of any kind to be provided by the City for my services as volunteer. Rewards or prizes for volunteer service to the City may be offered by other persons; however, the City is not responsible for the payment of any such reward or prize to me.

I understand that during the course and scope of my volunteer service to the City, I will be covered under the City’s Workers’ Compensation self-insurance. I also understand and agree that my sole remedy for any injury that I may sustain during the course and scope of my volunteer services to the City, which is covered by Worker’s Compensation, shall be through the City’s Workers’ Compensation self-insurance coverage. I waive any other right or remedy that I may have available to me for the injuries described above.

I also acknowledge and agree that my services are provided for the convenience of the City and may be terminated for any reason or for no reason and at any time by the City without notice or hearing.

Volunteer’s Name (please print)	Date of Birth	Ethnic Group (optional)	
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Mailing address	City	State	Zip
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Phone (day)	Phone (evening)	e-mail address	
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Emergency Contact/Relationship	Emergency Contact Phone numbers		

Signature of Parent or Guardian

Signature of City Manager or Authorized Designee

Date Service Begins