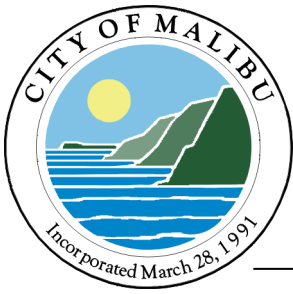




CITY OF
MALIBU

VOLUNTEER PROGRAM AND FORMS

malibucity.org/volunteer | 310.456.2489



City of Malibu

23825 Stuart Ranch Rd. Malibu, California 90265-4804
310.456.2489 fax 310.494.4205

Thank you for volunteering with the City of Malibu. In order to be eligible to volunteer, please complete the following steps:

New volunteers:

1. Fill out the Volunteer Registration Card
2. Sign the Photo/Video Release Form
3. Submit forms to Lisa Crespo, Recreation Coordinator.*
4. Sign up for dates you would like to volunteer.*

Return volunteers:

1. Sign the Photo/Video Release Form
2. Sign up for dates you would like to volunteer.*

Volunteer opportunities including days and times will be listed on the City of Malibu's website or e-mailed to you two weeks prior to the volunteer day. Days will also be listed in the City of Malibu's Recreation Guide which can be picked up at Malibu Bluffs Park, found on the City of Malibu's website, and is mailed quarterly to Malibu residents.

Contact

*Lisa Crespo, Recreation Coordinator

Phone: 310.456.2489 ext. 279

Fax: 310.494.4205

E-Mail: lcrespo@malibucity.org

City of Malibu's website: malibucity.org/volunteer

Volunteer Day

Once you sign up for a volunteer date you will be notified of the meeting time and place to check in. Please wear comfortable clothing and closed-toe shoes. You must sign in when you get to the location and be sure to sign out at the end of the day. If you need a letter or form filled out for proof of your volunteer hours please state that information when you sign up.

Day of event contact: 310.317.1364 or 424.395.6425



Community Services Department

Volunteer Registration Card

Name:		Phone #:	E-Mail Address:	
Address:				Date of Birth (mm/dd/yyyy):
City:	Zip:	Alt. Phone #:	Gender:	School:
1. Have you ever had a job-related injury or illness?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
2. Have you ever been convicted of a felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Volunteer Experience <i>(please list any previous volunteer experience you have had)*</i>				
Family Physician		Phone Number		Insurance/Policy Number
Allergies		Medical Conditions		Other concerns the City should be aware of*
My signature certifies that all information on this application is true. I understand and agree that any misstatements or omissions of material fact herein will cause forfeiture of all rights as a volunteer for the City of Malibu. Further I agree to indemnify and hold harmless the City of Malibu for any injury or loss suffered arising from or connected with my participation as a volunteer.				
Signature:				Date:

Space for additional details*:

Are you interested in receiving e-mail notifications about volunteer opportunities?

Yes No

Please mark all the program areas that you are interested in volunteering for:

- | | | |
|--|---|--|
| <input type="checkbox"/> City Events | <input type="checkbox"/> Planting/Gardening | <input type="checkbox"/> Sports (coaching/assisting) |
| <input type="checkbox"/> Tiny Tot Activities | <input type="checkbox"/> Leading Outdoor Education Groups | <input type="checkbox"/> Office (filing/copying) |
| <input type="checkbox"/> Senior Center | <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Teen Programs |
| <input type="checkbox"/> Maintenance (painting, debris clean-up) | <input type="checkbox"/> Photography (take photos of events/activities) | |

To be completed by a parent or guardian if volunteer is a minor

I hereby allow the individual named herein to participate in the volunteer program of the City of Malibu Community Services Department. The undersigned agrees to defend, indemnify, and hold harmless the City of Malibu and its officers, employees, and agents from and against any and all loss, liability charges and expenses including attorney's fees and costs which may arise by reason of participation in any program. The City does not provide accident, medical, liability, workers' compensation insurance or any other insurance for program participants. As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. I understand the City retains the right to use photos taken during activities for publicity purposes.

Parent/Guardian _____ Date _____

In case of emergency, please notify

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Community Services Department

Photo/Video Authorization and Release Form



1. I have been informed that the City of Malibu will be taking photographs and/or video at the parks and athletic facilities throughout the City.
2. I understand that my image, or the image of my minor child, may be included in the images being photographed and/or videotaped and ultimately used in the City's promotional materials.
3. I give my unqualified permission to allow the City of Malibu to photograph and/or videotape my image, or the image of my minor child, and to use those photographs or videos, or any portion thereof, in the City's recreation guide, newsletter, website, program publications, radio or television programming, or any other City promotional materials.
4. I understand that the photographs and/or video taken by the City of Malibu as described above are the property of the City, and that the City may use them as it wishes in connection with the City's recreation guide, newsletter, website, program publications, radio or television programming, or any other City promotional materials.
5. I understand that the City owns the copyright to the images and videos that it creates and that the City may publish the images or videos at any time in connection with the promotional materials described above. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my image, or the image of my minor child, appears. I understand and agree that these materials will become the property of the City of Malibu and copies of publicized photographs will be supplied to me upon request.
6. I expressly release and discharge the City of Malibu, and its officials, officers and employees, from any liability in the nature of invasion of privacy, defamation or any other claim arising from its photographing or videotaping images at City parks and athletic facilities. I fully understand the significance of the foregoing authorization and release; I sign this authorization and release voluntarily and with the intent of being bound by it.
7. If signing this form on behalf of a minor child, I hereby certify that I am the parent or guardian of this minor and do hereby give my consent without reservation to the foregoing on behalf of the minor.

(Name of Minor Child, if applicable)

Signature

Date

Printed Name

Telephone Number