



## SAN DIEGO VOLUNTEERS

[WWW.SANDIEGOVOLUNTEER.ORG](http://WWW.SANDIEGOVOLUNTEER.ORG)

### TERMS AND CONDITIONS FOR MEMBERSHIP

**MONDAY, JUNE 12, 2006**

#### ***MESSAGE FROM THE CHIEF OF SAN DIEGO VOLUNTEERS***

THANK YOU FOR YOUR INTEREST IN BECOMING A VOLUNTEER WITH SAN DIEGO VOLUNTEERS. BY VOLUNTEERING WITH SAN DIEGO VOLUNTEERS YOU HAVE TAKEN THE FIRST STEP REGARDING THE DESIRE TO SERVE YOUR COMMUNITY AND DEVELOP THE ESSENTIAL LEADERSHIP TRAITS OF ANY SUCCESSFUL INDIVIDUAL. THE VOLUNTEERS DEDICATED TO SAN DIEGO VOLUNTEERS DO NOT CONSIDER THEMSELVES TO BE AFFILIATED WITH AN ORGANIZATION WHERE THEY ARE SIMPLY LISTED ON A PIECE OF PAPER OR DOCUMENT AS THEORETICAL VOLUNTEERS, BUT VOLUNTEERS WHO WISH TO PHYSICALLY MAKE A DIFFERENCE WITHIN THEIR PROSPECTIVE OR NEIGHBORING COMMUNITIES.

PLEASE READ ALL SECTIONS OF THIS CONTRACT OF ACKNOWLEDGEMENT AND WAIVER. PER THE AGREEMENT BELOW SIGN IN EACH SECTIONS SIGNATORY AREA ACKNOWLEDGING THAT YOU AGREE TO EACH SECTION AND CONFIRM THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO EACH STATEMENT.

*Regards,*

**Don Mason**

*DONALD V. MASON*

*FOUNDER & CHIEF, SAN DIEGO VOLUNTEERS*

#### **Please Complete and Return to:**

San Diego Volunteers, Attn: Administration  
12222 Poway Road, Suite 18-02  
Poway, CA 92064

## SECTION I VOLUNTEER SERVICE CATEGORIES

There are four types of volunteer categories that a potential volunteer may be classified in which are; ***All Volunteer, Court Ordered (Any Age), Juvenile with parental or legal guardian waiver, Volunteer with Medical Condition.*** Below are the areas that you may be classified in and the conditions that you agree to.

### 1. ALL VOLUNTEERS

I understand that if I am absent without reason at least four times from any San Diego Volunteers activity or absent at least three excusable times, to an event that I have committed too, that I can be removed from the active volunteer roster in accordance with San Diego Volunteers rules, provisions, and regulations.

In the case of any and all Emergencies, or other diversions that restrict me from appearing at an event that I have committed myself too, I agree to notify the Assistant Chief of my county district and/or the Volunteer Coordinator in connection with the event, with regards to the state or nature of my absence, within 48 hours of my absence if it is an emergency, or twelve hours prior to my commitment for non-emergency excuses.

I agree to show up at least fifteen minutes prior to my scheduled appointed time to my project area, and stay for the entire length of my project's time as scheduled unless otherwise excused by the appropriate supervisor.

I understand that due to insurance and waiver restrictions that I will only bring a friend, family member, or significant other to a project in the capacity of a volunteer if I have contacted the Assistant Chief of my county district and/or Volunteer Coordinator in connection with the event, with regards to the person or persons that accompany me to the event. I also understand and agree to ensure that my friend, family member, or significant other brings a signed copy of this waiver in order to volunteer. Otherwise the friend, family member, or significant other is welcome to accompany me to the event only in the capacity of an event spectator.

### I AGREE TO THE ABOVE TERMS AND CONDITIONS OF SECTION

**Volunteer Applicant Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2. COURT RELATED VOLUNTEER**

I agree to provide San Diego Volunteers with information of my charge/offense, the contact information for my official court representative, any Court restrictions, and any conditions that may violate my agreement with the court, and the discharge date and understand that there may be restrictions on the projects I can participate in, PRIOR TO MY APPOINTMENT AS A VOLUNTEER

I understand that I cannot hold San Diego Volunteers, its Affiliated Partners or Project Partners and/or their Representatives, San Diego Volunteers Representatives, Staff, or any other Volunteers liable for any Court related issues arising from my direct or indirect participation with San Diego Volunteers either in direct or indirect association with any activity involving San Diego Volunteers.

I agree to notify San Diego Volunteers that I have court ordered community service hours to complete by contacting the Project and Volunteer Coordinators at their respective contact numbers and E-Mail Administration at [admin@sandiegovolunteer.org](mailto:admin@sandiegovolunteer.org). I further understand that in the event that I forget the E-Mail address that it can be accessed through the San Diego Volunteers web site at [www.sandiegovolunteer.org](http://www.sandiegovolunteer.org).

**Signature of Volunteer:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

**PROBATION OFFICER NAME:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**COURT ADMINISTRATION REPORTS MUST BE ATTACHED**

**3. VOLUNTEER UNDER THE AGE OF 18**

I understand for liability purposes, since I am under the age of 18 years that my volunteer activities will be limited to special events, fund raisers, training, and excludes active field responses in which to limit any exposure to unforeseen events that could cause injury to me. However, I understand that my volunteerism with San Diego Volunteers is as important as any other team member's contribution.

**PARENT OR GUARDIAN** I wish to allow myself/son/daughter/child under my legal guardianship ("child") to volunteer with San Diego Volunteers. In consideration of San Diego Volunteers providing myself/my child with the opportunity to perform volunteer activities, I hereby agree, for myself, my heirs, assigns, executors, and administrators, to be legally bound hereby and waive, release, and forever discharge San Diego Volunteers and their affiliated nonprofit partner agencies, its officers and directors, members, partners, funding participants, employees, agents, and volunteers ("Releases") from any and all liability, causes of action, suits, proceedings, damages, judgments, claims and demands whatsoever arising out of my/my child's participation as a San Diego Volunteers volunteer or in any San Diego Volunteers related activity.

**Signature of Volunteer under Age of 18:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number for Validation:** \_\_\_\_\_

**SDV Administrator's Initials of Verification with Minor Child's Parent or Legal Guardian:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

**4. VOLUNTEER WITH MEDICAL CONDITION**

I understand that any medical conditions that I knowingly have or suspect I knowingly have must be disclosed to San Diego Volunteers prior to being placed on the Active Volunteer Roster. I understand that medical conditions do not automatically preclude a member from being an active participant in an event and only allows other active San Diego Volunteers members to be alerted to any potential medical reactions that I may have while volunteering.

I understand that prior to participating in an event or response to assist San Diego Volunteers in a volunteer capacity that I am responsible to notify my Assistant Chief and Volunteer Coordinator of my medical or suspected medical conditions prior to acting in the capacity of a volunteer.

I understand that these are only precautions and at no time does San Diego Volunteers discriminate against any member because of suspected or confirmed disabilities or medical conditions. I further understand that the disclosure of my suspected or confirmed medical condition is for safety purposes only.

I understand that at anytime that I feel as if I need to cease and desist from any San Diego Volunteer event for medical reasons that I will be allowed to immediately without fear of administrative recourse as specified within the "All Volunteer Section" of this agreement.

**Volunteer Applicant Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION II**  
**TRANSPORTATION AND POTENTIAL RELATED COSTS**

**1. TRANSPORTATION & PERSONAL BELONGINGS (LIABILITIES), MEALS, LODGING, PER DIEM, & COSTS INCURRED**

I understand that I must provide my own transportation to and from each San Diego Volunteers event. I further understand that there will be no reimbursement for any costs incurred or damages too my personal or non personal belongings, which I have been authorized or not authorized to utilize; before, during, or after any and all events conducted by San Diego Volunteer's of it's affiliated non-profit partners.

I understand that during different events that food and beverages may be supplied, however in the event that they are not, I agree to supply my own food and beverages.

**I AGREE TO THE ABOVE TERMS AND CONDITIONS OR SECTION II, ITEM 1**

**Volunteer Applicant Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SECTION III

### ALCOHOL AND DRUGS

#### 1. ALCOHOL AND ILLICIT SUBSTANCES

I agree that at no time will I consume any alcohol or illegal substances be utilized at least twelve hours prior to an event that involves San Diego Volunteers

#### 2. PHYSICIAN PRESCRIBED SUBSTANCES

I agree that if I am under the care of any physician and have been prescribed any medication that may cause drowsiness or other involuntary reactions to my physiology that I will not be permitted to assist in an event.

*San Diego Volunteers does not condone the use of illegal substances at any time during my assignment as a Volunteer with their organization and promotes a clean, healthy, and sober lifestyle.*

I AGREE TO THE ABOVE TERMS AND CONDITIONS OR SECTION III, ITEM 1 & 2.

Volunteer Applicant Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION IV**  
**DRESS & APPEARANCE**

**1. Dress**

At any and all times when acting in the capacity of an official representative of San Diego Volunteers, I will conduct myself in a professional fashion and be in the appropriate attire, as designated for the activity I am assigned too.

**I AGREE TO THE ABOVE TERMS AND CONDITIONS OF SECTION IV, ITEM 1.**

**Volunteer Applicant Signature: X**\_\_\_\_\_ **Date:** \_\_\_\_\_

# SECTION V

## RELEASE OF LIABILITY

### 1. MINOR CHILD EXCLUSIONARY NOTICE

**ALL VOLUNTEERS UNDER THE AGE OF 18 ARE NOT ALLOWED TO PARTICIPATE IN ANY VOLUNTEER ACTIVITIES UNTIL A SIGNED RELEASE WAIVER HAS BEEN RETURNED TO SAN DIEGO VOLUNTEERS FROM THE MINOR CHILD'S PARENT OR GUARDIAN. PRIOR TO THE MINOR CHILD ACTING IN THE CAPACITY OF A VOLUNTEER OR ANY ACTIVITY AFFILIATED WITH SAN DIEGO VOLUNTEERS THAT MINOR CHILD'S PARENT OR GUARDIAN MUST BE REACHED FOR ADDITIONAL VERBAL AUTHORIZATION. PLEASE CAREFULLY REVIEW AND COMPLETE THE AGREEMENT BELOW, ENSURING THAT AT LEAST ONE CONTACT AND AN EMERGENCY PHONE NUMBER IS PROVIDED AND THAT THE FORM IS SIGNED BY A PARENT OR LEGAL GUARDIAN.**

I am aware and agree that there are inherent risks of injury to myself/ my child, my/my child's property and third parties arising from volunteer activities typically performed by San Diego Volunteers, and which may be performed by myself/my child as a volunteer for San Diego Volunteers. I hereby give permission for myself/my Minor Child to participate in all activities through San Diego Volunteers and expressly and specifically acknowledge that those activities may involve (a) physical activity (including without limitation work with heavy tools and materials), (b) contact with unidentified and unfamiliar persons, (c) travel to and from various unspecified locations, and (d) other potential risk of injury. Notwithstanding the preceding sentence, I willingly and freely assume all such risk and damage to person or property arising there from, whether or not resulting from negligence, and agree to release San Diego Volunteers and it's Releasees from any and all liability, actions, causes of action, claims and demands of every kind and nature whatsoever which I now have or which may arise out of or in connection with my/my child's volunteer services as a San Diego Volunteers representative or in any San Diego Volunteers related project or activity.

### 2. PHOTO RELEASE

I hereby give my permission to San Diego Volunteers, and their Releasees, and to the photographer, my free and unlimited consent and permission to publish/broadcast, republish/rebroadcast or exhibit in the furtherance of their work, with or without identification of me or my child by name, any photographs, videos or audios of myself/my child, that have been obtained from my/his/her participation in San Diego Volunteers activities. I furthermore waive any and all claims for any compensation by reason thereof or for damages for reasons thereof.

### 3. CONSENT TO TREATMENT

I, the undersigned individual/parent or guardian, hereby consent to and authorize the administration and performance of all needed medicines and surgical treatments, diagnostic and therapeutic procedures, and the administration of any anesthetic which, in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding myself/my child. It is understood that efforts shall be made to contact the emergency contact prior to rendering emergency treatment to the patient.

I attest that I am over 18 years of age, and I warrant that I have legal authority to execute this agreement on myself/my child or legal ward's behalf. I attest that my/my child's attendance and involvement in such activities is fully voluntary, that I/my child am/is physically fit and prepared for volunteer activities and that I am participating/I am allowing my child to participate at my/his or her own risk. I have read the foregoing Waiver and Release, and I hereby give my express consent to the execution of this release and will not revoke my consent.

**I AGREE TO THE ABOVE TERMS AND CONDITIONS SECTION V, ITEMS 1 THRU 3.**

**Volunteer Applicant Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian (if volunteer is under 18):**

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

<b>Emergency Contact 1</b>
<b>Name:</b>
<b>Relationship:</b>
<b>Home Phone:</b>
<b>Work Phone:</b>
<b>Cell Phone:</b>
<b>Emergency Contact 2</b>
<b>Name:</b>
<b>Relationship:</b>
<b>Home Phone:</b>
<b>Work Phone:</b>
<b>Cell Phone:</b>

**YOUR PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RESIDENCE STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_