



## LAEF 2019 Youth Volunteer Application (Ages 12-17)

### Volunteer Information

Name: \_\_\_\_\_ Gender (circle one): M F

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Phone Number: \_\_\_\_\_

Volunteer's Email Address: \_\_\_\_\_

Organization (if applicable): NCL Leos NLYM

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please check if any of the following may apply:  Asthma  Allergies  Diabetes  
Other medical or health issues:

\_\_\_\_\_  
\*Medication is the responsibility of the parent/s and family physician. Parents are urged, with the advice of your child's physician to work out a schedule of administering medicine at home, outside of the volunteer hours.

### **VOLUNTEER AVAILABILITY for LAEF Programs (Please check all that apply):**

- Summer Enrichment Institute Session 1: June 10 – June 21
- Summer Enrichment Institute Session 2: June 24 – July 3

Hours you are available during selected programs:

\_\_\_\_\_

### **Please initial next to each of the Volunteer Rules, Policies & Expectations:**

\_\_\_\_\_ Cell phones and other electronics are not permitted to be in use during volunteer assignments.

\_\_\_\_\_ Proper dress code must be followed at all times. This includes a volunteer name-tag. Sleeveless shirts, short-shorts, sandals, and clothing with offensive words or graphics are not permitted.

\_\_\_\_\_ Offensive language, cussing, or inappropriate discussions are not permitted.

### **Please Read and Sign the Waiver, Release and Indemnity Agreement Below.**

In exchange for participating in this activity, I hereby agree on behalf of myself and my spouse, parents, children, family, employees, agents, heirs, estate, executors, representatives, administrators, insurers, successors and assigns, distributees, guardians and/or other legal representatives (collectively the "Released Parties") to fully release and to not make any claim against, file a lawsuit against, attach the property of, or prosecute LAEF, the City of Los Alamitos and/or either of their employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf for any and all claims, causes of action, including, but not limited to, emotional distress, bodily injury, death, or property damage arising out of any actions by any LAEF employees, officers, elected and

For further information, contact [info@LAEF4kids.org](mailto:info@LAEF4kids.org) or (562) 799-4700 ext. 80424



**LOS ALAMITOS EDUCATION FOUNDATION)**

appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on LAEF's behalf in connection with my participation in this activity.

**I UNDERSTAND THIS RELEASE SHALL BE EFFECTIVE EVEN IF THE LOSS, DAMAGE OR INJURY WAS NOT FORESEEABLE OR RESULTS, IN WHOLE OR IN PART, FROM THE NEGLIGENCE OF LAEF AND/OR ANY OF THE ABOVE PERSONS.**

I understand that this activity involves the risk of serious injury and even death, and I agree to assume any and all risk of serious injury or death in participating in the activity. In case of accident or other emergency, personnel of LAEF and/or their agents, are hereby authorized to secure medical care deemed necessary by them, as a result of that accident or injury, for me at my cost and expense.

I further agree to indemnify and defend LAEF and/or its employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its behalf and to pay for any and all costs incurred (including, but not limited to, medical treatment, pain and suffering, emotional distress, any settlement paid or judgment, legal costs and/or attorneys' fees) as a result of any injury that I cause to another participant.

I further consent to the use of activity/event photography and/or video taping of me and the display of those pictures of me for promotional use, including on LAEF's Internet site.

By signing below, I acknowledge and represent that **I HAVE READ THIS AGREEMENT CAREFULLY, I FULLY UNDERSTAND ITS CONTENTS AND I VOLUNTARILY AGREE TO ITS TERMS.** No oral representations, statements or inducements, apart from this written agreement, have been made. If any portion of this agreement is declared invalid by a court, the remainder shall continue in full force and effect. Where this agreement is signed by a parent or legal guardian on behalf of a minor, the use of the word "me" in this agreement shall include and bind the minor, and the use of the word "I" in this agreement shall include the parent or legal guardian acting on behalf of and binding the minor to this agreement.

**SINCE THE PARTICIPANT IS UNDER 18 YEARS OF AGE:** By signing below, I declare under the penalty of perjury under the laws of the State of California that I am the parent/legal guardian for the minor participant herein and am authorized to sign this agreement on their behalf:

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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