

**Please Check One**

Summer Rec Jr. Leader [ ]  
Aquatics Jr. Lifeguard [ ]



Application Date: \_\_\_\_\_

**City of Goodyear Volunteer Application**

Volunteer Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Volunteer E-Mail: \_\_\_\_\_

Are you 18 years of age or older? [ ] Yes [ ] No Special Certifications (First Aid, CPR, Medical, etc.) \_\_\_\_\_

Have you ever been arrested or convicted/pled guilty of any crime(s) (felony or misdemeanor)? [ ] Yes [ ] No

(Applicants are not required to report convictions that have been expunged or sealed by a court of law.)

A prior conviction will not automatically disqualify you from volunteering with the City of Goodyear. A false or incomplete answer may be grounds for not placing you or for dismissing you after placement. Failure to report arrests or convictions at any time during the term of your relationship with the City may render you ineligible to volunteer.

Employer (If Employed) \_\_\_\_\_ Phone: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Days Available (check all that apply)

Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday [ ] Time(s): \_\_\_\_\_

Professional training and skills related to this volunteer position: \_\_\_\_\_

**Emergency Contact:**

(In the event I cannot be reached in an emergency, the following person is authorized to act on my behalf with respect to my child:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parental/Guardian Consent if Volunteer is less than age 18**

"I/we, the undersigned participant, parent or legal guardian, hereby covenant to indemnify, defend and save harmless the City of Goodyear, its Mayor and Council, appointed board and commissions, officials, officers and employees, individually and collectively; from all losses, claims, suits, actions, payments, judgments, demands, expenses, attorney's fees; defense cost, or actions of any kind resulting from personal injury to any person, (including bodily injury and death) arisen out of negligent performance of the individual hereunder, except any injury or damages arising out of the sole negligence of the City, its officers, agents or employees from any City program.

I/we, the undersigned participant, parent or legal guardian, hereby authorizes the City of Goodyear staff to obtain any needed medical assistance in case of an emergency, illness or accident. I understand that any resulting expenses or charges are my responsibility and I will pay them immediately, either directly or through personal insurance.

I/we, the undersigned participant, parent or legal guardian, understand that the City of Goodyear does not carry accident insurance for this program, and I will not hold the City of Goodyear responsible for accidents or injuries sustained in any City program from here on out. Pursuant to state law, the City of Goodyear is not liable for injury or damages to program participants unless caused by willful, malicious or grossly negligent conduct. A.R.S. & 33-1551.

Parent Email: \_\_\_\_\_ Parent Cell(primary): \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_