Volunteer Registration

(Return form before event)

Group/Contact Name: _____

Mailing Address: _____

City _____ **State** _____ **ZIP** _____

Phone (8-5): _____ **Email:** _____

Number of Expected Participants: _____

Would you be willing to allow other individuals/groups join your group on the day of the event? _____

CHOOSE VOLUNTEER ACTIVITY (A, B, or C):

A. Clean Park or Roadside (list event – Waterway cleanup or Citywide cleanup and location):

_____

B. Help Elderly Resident Amend Code Violations. (This activity is not sponsored by the City of Longview and would be done by volunteering directly with the resident. The volunteer group is responsible for making arrangements with the resident regarding all elements of the volunteer project). Name/Address of resident: _____

C. Other project (list proposed volunteer project):

_____

RELEASE STATEMENT: I understand that the activities for which I or my child is volunteering may have an element of hazard or inherent danger, and I take full responsibility for any injury, illness or other damage that may occur to myself or to my child due to participation in any of these activities. On behalf of myself and my child, I agree to release the City of Longview, Keep Longview Beautiful, Partners in Prevention, and all of their officers, representatives, successors, employees, and volunteers from any liability, damage, loss, cost, or expense (including, without limitation, attorney's fees, medical, and ambulance costs) that may arise out of participation in these volunteer activities by myself or by my child.

I am signing this release statement in consideration of the opportunity to participate in these volunteer activities and in consideration of the services of the City of Longview in matching myself or my child with these volunteer activities. I understand and acknowledge that participation by me and by my child in these volunteer activities is completely voluntary and is solely at my option.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT: In case of emergency, I give my permission for emergency medical treatment for myself and for my child. My permission for emergency medical treatment is valid until I cancel it in writing.

SIGNATURE _____ **DATE** _____

Please Return Registration Form ASAP to:

City of Longview Volunteer Center, P.O. Box 1952, Longview, Texas 75606-1952

Phone: 903-237-1390 Fax: 903-291-5317