



Stanislaus County Volunteer Program One Time Event Sign-Up Form

Chief Executive Office—Human Resources Division
1010 10th Street Place, Modesto, California 95354 | Phone: (209) 525-6341 | Fax: (209) 544-6226

Name of Event:		Department Sponsoring Event:	
Event Coordinator:		Phone Number:	Event Position Needed:
Event Date:		Event Shifts:	
Event Location Address:		City:	State, Zip Code:
VOLUNTEER CATEGORY		DESCRIPTION OF EVENT	
<input type="checkbox"/> Individual	<input type="checkbox"/> Church		
<input type="checkbox"/> Family	<input type="checkbox"/> School		
<input type="checkbox"/> Club	<input type="checkbox"/> Other: _____		
VOLUNTEER INFORMATION			
First Name:		Last Name:	
Address:		City:	State, Zip Code:
Cell Phone:		Alternate Phone:	
Emergency Contact:		Phone:	
AREA OF INTEREST—VOLUNTEER OPPORTUNITY	DAYS AVAILABLE	TIMES AVAILABLE	
<input type="checkbox"/> Event Set-Up	<input type="checkbox"/>	<input type="checkbox"/> 7:00 a.m. to 12:00 p.m.	
<input type="checkbox"/> Project	<input type="checkbox"/>	<input type="checkbox"/> 12:00 p.m. to 5:00 p.m.	
<input type="checkbox"/> Put me to work where I am needed most	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other			

CONSENT TO PHOTOGRAPH AND/OR RECORD

I consent to the use of a photograph, likeness, voice or video recording of my image, for use by the Stanislaus County Volunteer Program. I understand that this photograph, likeness, voice or video recording is being considered for use in informational/promotional materials, including use and publication with my name, no name, or a fictitious name, and use in the form taken or with intentional or unintentional alterations. I understand that there is no compensation to me for use of this photograph, likeness, voice or video recording. I will be notified if my permission is needed for any use other than mentioned above.

HOLD HARMLESS AGREEMENT

The undersigned shall hold the Volunteer Program of Stanislaus County, Stanislaus County, their agents, officers, employees, and volunteers, harmless from and save, defend and indemnify them against any and all claims, losses, liabilities and damages from every cause, including but not limited to injury to person or property or wrongful death, with the indemnity to include reasonable attorney's fees, and all costs and expenses, arising directly or indirectly out of any act or omission of the undersigned, whether or not the act or omission arises from the sole negligence or other liability of aforementioned Agencies, or its agents, employees, or volunteers relating to or during the performance of its obligations under this agreement.

Parent or legal guardian must sign if participant is under the age of 18

PRINT NAME OF VOLUNTEER:	VOLUNTEER SIGNATURE:	DATE:

Questions: Please call the Event Coordinator