CITY OF ANTIOCH
Antioch Senior Center
Volunteer Application

Antioch Senior Center
213 F Street
Antioch, CA 94509
(925) 779-7074
Visit our website at:
www.ci.antioch.ca.us

An Equal Opportunity Employer

Name _____
Last First Middle

Mailing _____
Number Street City State Zip

Cell Phone _____ Home Phone _____

Email Address _____

Are you available during the day? Yes❒ No❒

Do you have a Valid C.P.R. Card? Yes❒ No❒

Volunteer's Acknowledgement

I, _____, hereby state and agree as follows:

1. I am a volunteer, donating my time, services and energies to the City of Antioch Senior Center.
2. I understand and acknowledge I will receive no salary, remuneration or benefits extended to the employees of the City except for coverage under the City's Workers' Compensation Program for any injury sustained in the course of performing these services.
3. I hereby release the City, its officers, agents and employees from any and all liability, claims, cause of action, or actions, arising out of or occasioned by bodily injuries or property damages sustained by me as a result of my volunteer services to the City, except as otherwise provided under Workers' Compensation law, and agree to indemnify and hold harmless the City from any such liability, claim, cause of action or actions.
4. I understand and agree that this application does not constitute a contract for volunteer time for any definite duration. The length of time depends upon on the quality of the job that I do as a volunteer.

I represent and warrant that I have read and fully understand the foregoing and seek to volunteer under these conditions.

Volunteer's Signature _____ Date _____

List any volunteer work you had:

List any interests or expertise: