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City of Lynchburg
Parks and Recreation Department
301 Grove Street
Lynchburg, VA 24501
www.LynchburgParksAndRec.com
(434) 455-5858

VOLUNTEER AGREEMENT

If volunteer is under the age of 18, Participation Agreement must be signed by the parent/guardian.

I, (print full name) _____, understand that my participation as a volunteer, is without anticipation of financial payment from the City of Lynchburg, and does not constitute a contract of hire or apprenticeship between myself and the City of Lynchburg.

I recognize that I will be representing the City of Lynchburg's interests to the general public and agree to abide by the accepted policies, procedures, values, codes, and practices. I agree to maintain confidentiality on any and all information that may be considered sensitive, personal, or confidential in nature. I will not discuss any aspect of any investigation or criminal incident.

I understand that my participation in the volunteer program is a privilege and not a right; if I fail to comply with the City's policies, procedures, values, codes, and practices I may be immediately dismissed from the volunteer program.

I am fully aware that there are inherent risk associated with serving as a volunteer, which risks include, but are not limited to, the possibility of bodily injury, physical disability, physical and mental disease, death, and property damage. Understanding these risks, it is still my decision to participate in the volunteer program and in consideration of the City of Lynchburg allowing me to participate; I assume full responsibility for such risks. I agree that neither I nor my legal representatives, heirs or assigns, will hold the City of Lynchburg, its officials, employees or agents responsible for any injuries, disabilities, physical and mental disease, death, property damage, or losses and expense of any nature whatsoever that I may sustain as a result of my participation in the volunteer program, whether caused by negligence of the City of Lynchburg, its officers, employees and agents, or otherwise.

I understand that the City of Lynchburg has an insurance plan for volunteers, providing limited-excess accident and medical expense coverage and limited-excess liability coverage. This coverage will be available to me provided I am approved in writing by the City of Lynchburg Risk Manager as a volunteer.

Media and Photo Release - I am aware that I may be filmed or photographed and/or interviewed by the news media as approved by site supervisor. I grant the City of Lynchburg permission to use my/my child's likeness and/or name in any official communications materials. Materials may include, but are not limited to, news releases, publications, videos, billboards, television, and social media.

Mandated Reporter Notification - I understand that as a volunteer, § 63.2-1509 of the Code of Virginia, requires me to report suspected instances of child abuse or neglect. If I have reason to suspect that a child is an abused or neglected child, I shall report the matter immediately to my Parks and Recreation supervisor and to the local Department of Social Services where the child resides or where the abuse or neglect is believed to have occurred or to the Department of Social Services toll-free child abuse and neglect hotline.

Print Name

Signature

Date

Parent/Legal Guardian - Print Name

Signature

Date