

## City of West Hollywood

### Required Forms – MLK Volunteer Checklist

- Volunteer Information Form
- Volunteer Acknowledgment Form
- Release of Liability and Assumption of Risk
- Affidavit of Criminal History
- LAUSD Individual Statement of Understanding,  
Waiver of Liability and Release

#### PLEASE NOTE:

**ALL FORMS MUST BE COMPLETED IN ORDER TO VOLUNTEER FOR THE 2020 CITY OF WEST HOLLYWOOD MLK DAY OF SERVICE.**

**THANK YOU!**



CITY OF WEST HOLLYWOOD  
VOLUNTEER INFORMATION FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone Number

CITY OF WEST HOLLYWOOD

VOLUNTEER ACKNOWLEDGMENT FORM

I, \_\_\_\_\_, hereby declare that I am onetime scheduled volunteer donating my time to the City of West Hollywood, 8300 Santa Monica Boulevard, West Hollywood, California 90069. I will volunteer my time on Monday, January 20, 2020 from 9:00 am to 2:00 pm at the MLK 2020 Day of Service: West Hollywood Elementary School Beautification Project. I understand and acknowledge the

following:

1. I am / my child is not an employee of the City of West Hollywood;
2. I have / my child has no right to receive nor do I expect to receive compensation for my volunteer services; and
3. By virtue of the City of West Hollywood Resolution No. **166**, I am / my child is covered by workers' compensation.

Dated: \_\_\_\_\_, 20\_\_\_\_\_

Supervisor signature: \_\_\_\_\_

Volunteer signature: \_\_\_\_\_

Parent or Guardian signature: \_\_\_\_\_  
(Required if volunteer is under the age of 18)

**City of West Hollywood  
Volunteer Services Agreement  
Release of Liability and Assumption of Risk**

I, \_\_\_\_\_, hereby acknowledge that I have voluntarily applied to participate in performing volunteer services for the City of West Hollywood ("Services"). I am voluntarily participating in the Services with the knowledge that there is a risk that I may be injured while I do so and I freely and voluntarily expressly assume all the risks of participating in the Services. I understand that the City of West Hollywood's policy is to cover volunteers as employees of the City for purposes of Worker' Compensation benefits. I also understand that under Workers' Compensation laws, Workers' Compensation benefits will be my sole and exclusive remedy in the event I am injured while participating in the Services.

In consideration of my participation in the Services, with the exception of Workers' Compensation benefits, I hereby waive and release on my behalf and on behalf of my heirs, guardians, legal representatives and assigns, the City of West Hollywood its officials, officers, employees, agents volunteers and representatives (collectively "City") from any and all liability of any kind or nature for injuries to persons or property, including death, arising from or in connection with my participation in the Services, that this waiver and release is applicable even though the actively or passively negligent activities of City may have caused or contributed to the injuries suffered.

I also certify that I am physically fit and in proper physical condition to participate in the Services and have not been advised otherwise by a qualified medical person. Lastly, I agree to accept and abide by the rules and regulations of the City of West Hollywood while participating in the Services.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Parent or Guardian\*

\_\_\_\_\_  
Print Name

\*Signature of parent or guardian is required if volunteer is under age 18.

**City of West Hollywood  
Volunteer Application  
Affidavit of Criminal History**

Pursuant to the City of West Hollywood policy, I understand that this form notifies me that in order to reduce the City of West Hollywood's risk as an employer and provider of volunteer services, all current and prospective employees and volunteers serving vulnerable populations must certify that they do not have a history of criminal violations, or must disclose such violations if they occurred after the employee or volunteer reached the age of eighteen (18) years old. Violations which occurred prior to the age of eighteen (18) years old must be disclosed if they are public information.

I understand that for the purposes of this affidavit, a person is deemed to be convicted of committing a felony or misdemeanor if such person has been convicted under the laws of any state or any territory subject to the jurisdiction of the United States for an unlawful act which, if committed within the State of California, would be a felony or misdemeanor. In addition, I understand that convicted means a conviction by a jury or court and also includes the forfeiture of any bail, bond, or other security deposited to secure the appearance by a person charged with a felony or misdemeanor, including traffic violations involving the use of alcohol and/or drugs, the payment of a fine, a plea of nolo contendere, and the imposition of a deferred or suspended sentence by the court. Information regarding offenses that occurred in another state and is not public information in that state need not be disclosed.

In accordance with the above information, I hereby affirm the following (initial all that apply):

(1) That I **have not** been convicted of any felony or misdemeanor, other than minor traffic violations not involving the use of alcohol and/or drugs. Initial \_\_\_\_\_

OR:

(2) That I **have been** convicted of a felony or misdemeanor, other than minor traffic violation(s) not involving the use of alcohol and/or drugs, but that such conviction(s) occurred prior to the time I reached the age of eighteen (18) years old. Initial \_\_\_\_\_

Please include the information requested below for the following convictions: Weapons Offenses or Class 1,2,3, or 4 Felonies.

Date of conviction \_\_\_\_\_

Court entering judgment of conviction \_\_\_\_\_

Nature of the offense:  
\_\_\_\_\_  
\_\_\_\_\_

**City of West Hollywood  
Volunteer Application  
Affidavit of Criminal History**

AND/OR:

<p>(3) That I <i>have been</i> convicted of a felony or misdemeanor, other than minor traffic violations not involving the use of alcohol and/or drugs, and that such conviction(s) occurred after I reached the age of eighteen (18) years old as detailed below. Initial _____</p> <p>Date of conviction _____ Court entering judgment of conviction _____ Nature of offense: _____ _____ _____</p>
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**Minor Consent:**

*Completion of the Affidavit of Criminal History is required before Applicant may be deemed eligible to perform volunteer services for the City of West Hollywood for which he/she has applied. As the parent/legal guardian of \_\_\_\_\_, and having read the*  
*(Minor's Name)*  
*Affidavit of Criminal History, I hereby authorize and consent to \_\_\_\_\_'s*  
*(Minor's Name)*  
*completion of the questionnaire and/or I have completed the questionnaire of behalf of*  
\_\_\_\_\_  
*(Minor's Name)*

I agree to notify the City of West Hollywood immediately in the event that I am convicted of any felony or misdemeanor, other than minor traffic violations not involving the use of alcohol and/or drugs, during my term of volunteer service with the City of West Hollywood (exception: youth under the age of 18 years do not need to provide supplemental information if that information is confidential). Initial \_\_\_\_\_

I was notified that I may be required to sign an affidavit of criminal history on a periodic basis to verify continued status and I agree to cooperate by voluntarily doing so when requested.

By my signature below, I, \_\_\_\_\_, acknowledge that I have completed this affidavit fully and truthfully.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature\*

\_\_\_\_\_  
Date

*\*Signature of parent or guardian is required if volunteer is under age 18.*

**INDIVIDUAL STATEMENT OF UNDERSTANDING,  
WAIVER OF LIABILITY AND RELEASE**

(For Use by Individual)

**IMPORTANT—PLEASE READ BEFORE SIGNING**

**City of West Hollywood MLK Day of Service**

Name of Event: \_\_\_\_\_

**Monday, January 20, 2020**

Date(s) of Event: \_\_\_\_\_

**West Hollywood Elementary School**

School: \_\_\_\_\_

By signing below, I acknowledge my participation in the Event is completely voluntary and at my own risk and I understand and agree to the following:

- The Event is not organized, sponsored or operated by Los Angeles Unified School District (“LAUSD”).
- I understand and agree that I will not be covered under any of LAUSD’s liability or workers’ compensation programs for any injury, death or damage incurred or caused as a result of my participation in the Event. I agree that I will be responsible (through personal insurance) for any and all expenses incurred as a result of personal injuries, death and/or property damage from my participation or the participation of my employees and/or volunteers, if any, in this Event.
- I agree that I am completely responsible for all liabilities, damages and injuries I may cause to LAUSD property, its members and employees and all third parties [e.g., spectators, buyers, etc.] as the result of my participation in this Event including personal injuries, death or property damage caused by my activities, equipment, displays, vehicles, supplies and goods, or items sold or otherwise distributed or brought to the School.
- I FULLY AND FOREVER WAIVE AND RELEASE LAUSD, THE BOARD OF EDUCATION, ITS OFFICERS, EMPLOYEES AND AGENTS FROM ANY AND ALL RIGHTS, LIABILITY, CLAIMS, DAMAGES AND CAUSES OF ACTIONS OF ANY NATURE WHATSOEVER, KNOWN OR UNKNOWN, RELATING TO, ARISING OUT OF, OR OTHERWISE IN CONNECTION WITH THE EVENT.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_, 20\_\_\_\_

Volunteer

PRINT NAME: \_\_\_\_\_

**If You are Under 18 Years of Age:**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_, 20\_\_\_\_

Parent/Guardian

PRINT NAME: \_\_\_\_\_

List Parent and Minor Student Name(s)