



Volunteer Information Form

Date: _____

First Name: _____ Last Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Home Phone: _____

E-mail: _____ Fax: _____

(e-mail is needed to receive updates on volunteer opportunities)

Areas of interest:

- | | |
|---|---|
| <input type="checkbox"/> Courtyard Garden | <input type="checkbox"/> Festival Events |
| <input type="checkbox"/> Drought Tolerant Rock Garden | <input type="checkbox"/> Education |
| <input type="checkbox"/> Historic Orchard | <input type="checkbox"/> Clerical / Computers |
| <input type="checkbox"/> Rose Garden | <input type="checkbox"/> Visitor & Education Center |
| <input type="checkbox"/> River Maintenance | <input type="checkbox"/> Composting |
| <input type="checkbox"/> Dahlia Garden | <input type="checkbox"/> Iris Garden |
| <input type="checkbox"/> Docent/Tour Guide | |

Availability:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Week nights |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Week days |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Weekends |

I am under 18 years of age.

Do you have any particular areas of interest? Special skills?

Please return this form to:

Friends of Guadalupe River Park & Gardens

438 Coleman Avenue, San Jose, CA 95110

Phone (408) 298-7657 | Fax (408) 288-9048 | www.grpg.org



VOLUNTEER SERVICE AGREEMENT/MINOR

I, _____, am under 18 years old and agree to volunteer my services to the Department of Parks, Recreation, and Neighborhood Services of the CITY OF SAN JOSE (“City”).

I understand that any changes to my schedule are subject to the approval, in advance, by the Department Coordinator.

I acknowledge that there is no salary or other compensation, or prizes of any kind to be provided by the City for my services as volunteer. Rewards or prizes for volunteer service to the City may be offered by other persons; however, the City is not responsible for the payment of any such reward or prize to me.

I understand that during the course and scope of my volunteer service to the City, I will be covered under the City’s Workers’ Compensation self-insurance. I also understand and agree that my sole remedy for any injury that I may sustain during the course and scope of my volunteer services to the City, which is covered by Worker’s Compensation, shall be through the City’s Workers’ Compensation self-insurance coverage. I waive any other right or remedy that I may have available to me for the injuries described above.

I also acknowledge and agree that my services are provided for the convenience of the City and may be terminated for any reason or for no reason and at any time by the City without notice or hearing.

Volunteer’s Name (please print)	Date of Birth	Ethnic Group (optional)
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Mailing address	City	State	Zip
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Phone (day)	Phone (evening)	e-mail address
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Emergency Contact/Relationship	Emergency Contact Phone numbers
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Signature of Parent or Guardian

Signature of City Manager or Authorized Designee

Date Service Begins