



**Parks &
Recreation**

PLAINFIELD
CONNECTICUT

Town of Plainfield Parks and Recreation Department

Volunteer Mentor Application

First and Last Name: _____

Phone Number: _____

Email: _____

Age: _____

Address: _____

Why are you interested in becoming a mentor?

Have you worked with children in the past?

PLEASE COMPLETE REVERSE SIDE

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY FOR VOLUNTEERS AND INDEMNIFICATION AGREEMENT

I want to volunteer my services to the Town of Plainfield Recreation Department. I certify that I am in good mental and physical condition. I acknowledge and understand that there are inherent dangers and risks associated with participation as a volunteer, including, but not limited to, dizziness, fainting, falls, muscular injuries, skeletal injuries, and cardiac and respiratory injury or trauma, and that said injury or trauma may result in serious bodily injury and/or death. I further understand that I risk aggravating any pre-existing physical condition(s) I may have and that I am hereby advised to consult with a physician prior to engaging in any major physical exertion as may occur in providing these volunteer services.

I understand that while my volunteer services will be at the direction of the Recreation Department, its officers, and employees, I am nevertheless, not an employee of the Town of Plainfield. Moreover, I understand that no employee relationship is created between me and the Town of Plainfield or the Recreation Department and that I will receive no compensation of any kind for my participation as a volunteer. I hereby understand that Plainfield Recreation is not held accountable for giving any volunteer worker steady and consistent hours.

In consideration of the Town of Plainfield allowing me to participate as a volunteer, I agree not to sue and forever release, waive and discharge the Town of Plainfield and its officers, employees, agents, representatives, and the various sponsoring agencies and entities (hereinafter referred collectively as the "Releasees") from any and all liability to me or my personal representatives, assigns, heirs, children, dependents, spouse and relatives for any and all claims, causes of action, losses, judgments, costs, demands or damages that are caused by or arise from any injury to me (including death) or loss or damage to my property, regardless of the cause(s) of such injury, loss or damage. I assume all risks associated with my participation as a volunteer. I agree to defend, indemnify, and hold harmless the Releasees from and against any and all liabilities, claims, liens, actions, causes of action, costs or expenses of any nature whatsoever arising from any damage, loss, or injury (including death) caused by me, in whole or part, or directly associated with my actions or inactions as a volunteer.

I understand that the Town of Plainfield shall not be responsible for the loss or theft of personal property or damage to personal property caused by Town employees and officers, other volunteers, or the public.

I understand that the said volunteer will be subjected to a criminal background check and drug screening before they attend volunteer opportunities to ensure the safety and stability during their volunteer hours at a program site.

I hereby acknowledge that I have carefully read this entire document, that I fully understand its contents, that I am over the age of 18, that I am signing this document of my own free will and without coercion, and that I intend for this document to be legally binding. To the extent permitted by law, this document shall include my child or children and my capacity as guardian for my child or children if I am signing on behalf of my minor child or children who will participate as a volunteer(s).

Print Name of Signing Party _____

Name of Minor Child or Children (if any) _____

Signature _____ Date _____