WORCESTER TOWNSHIP COMMUNITY DAY
VOLUNTEER APPLICATION

Worcester Township thanks you for taking the time to review this volunteer application. It will take many hands to make Worcester Township's Community Day a success, and we could not do this without the help of volunteers.

From passing out event maps, supervising the inflatable attractions, to staffing an information table – these are a few of the tasks that we may need assistance with.

*You will also get a free t-shirt distinguishing yourself as a volunteer for the duration of the event (don't worry, staff will have t-shirts too).

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Person of Contact Telephone No (Day of Event): _____

Person of Contact Email Address (Day of Event): _____

I am looking to volunteer this many hours (*circle one*):   1-2   3-4   5+
I am looking to volunteer at this time (*circle one*):   Morning   Afternoon   All Day

☐   I am available on both Saturday, September 26 **and** Sunday, September 27 in the event of rain.

Today's Date: _____

_____   _____
Printed Name of Applicant   **Signature of Applicant**

Please email your application to SHeintz@worcestertwp.com, fax to 610-584-8901, mail to 1721 Valley Forge Road, PO Box 767, Worcester PA 19490 or drop off!

You will be notified if your volunteer services are needed based on receipt of applications and event participation.

VOLUNTEER AGREEMENT:

I have agreed to work as a volunteer for Worcester Township and do so of my own free will. As a volunteer I am not an employee or agent of Worcester Township. I understand this role does not include compensation or payment of any kind. Furthermore, I acknowledge that Worcester Township does not offer health insurance, workers' compensation insurance, or any such employee benefit to volunteers. As a volunteer I agree to maintain my own health insurance during my time as a volunteer for Worcester Township. (This waiver also may mandate auto liability insurance).

RISK AGREEMENT:

I fully recognize and accept that volunteering has risks and unforeseen dangers (such risks could be, but are not limited to: mental/emotional stress or physical injury). I understand the volunteer duties and I am accepting and understand the minimum requirements.

I understand that I have the right to review each activity prior to my participation and choose to participate of my own free will. I have read and understand Worcester Township's mission statement and best practice procedures. I pledge to act and perform within those expectations.

WAIVER, RELEASE, HOLD HARMLESS, AND INDEMNIFICATION AGREEMENT:

I acknowledge that Worcester Township does not guarantee safety. I voluntarily waive, release, and hold harmless Worcester Township, its board, employees, agents, and other volunteers from all claims, accidents, injuries, or death that result from actions related to my volunteer activities. I understand that this document disqualifies me from recovering damages against Worcester Township, any official, its board, employee or agent thereof, should I suffer injuries or property damage in the course of my duties as a volunteer.

I shall defend, hold harmless, and indemnify Worcester Township, its board, employees, agents, and other volunteers from and against all claims, accusations, notices, judgments, rulings, liabilities, expenses, etc. that may exist as a result of my actions, inactions, errors, acts, or omissions.

ACKNOWLEDGEMENT AND SIGNATURES:

I have read and fully understand the above waiver. I understand that by signing this document I am giving up certain rights and accepting certain duties.

- [ ] I understand that my conduct must be suitable for a family-friendly audience.
- [ ] I understand that a decision on the cancellation of the event will be made by 6:00 am the day of the event at the latest.
- [ ] I understand that the Township will contact me at the email address and/ or phone number provided on the application in the event of questions, important contact, etc.

Volunteer Signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____
(If Under Age 18)