



## **VOLUNTEER APPLICATION**

Dear Volunteer Applicant,

Thank you for your interest in our Volunteer Program. We have various areas in need of volunteer assistance, and we hope that you will decide to join us.

Our volunteers are carefully screened and asked for a specific commitment. Please review the prerequisites and Volunteer Agreement before completing the enclosed application to ensure you meet the criteria for a Town of Elizabeth Volunteer. If you have any questions, please call us at 303.646.4166.

### **Prerequisites**

- Must be at least 14 years old;
- Encouraged to attend the April 11<sup>th</sup> Volunteer Sign-Up Event at Elizabeth High School gymnasium from 3-6pm or schedule an interview at Town Hall.

### **To complete this application:**

- Sign the Participant Waiver, Release and Indemnification Form. A parent or guardian signature is required if you are under 18 or enrolled in high school.
- Complete all sections of the application.
- Please email a completed application to [acramer@townofelizabeth.org](mailto:acramer@townofelizabeth.org) or drop off at Town Hall located at 151 S. Banner Street.

A member of the Town Staff will be in contact with you regarding your participation in the volunteer program.

Thank you for your interest. We look forward to hearing from you soon.



# Town of Elizabeth Volunteer Form

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

List any prior volunteer  
experience \_\_\_\_\_

Community affiliations  
(Clubs, Service  
Organizations, etc.) \_\_\_\_\_

I am interested in volunteering for the following types of activities:

- 5K/Family Color Run
- Mayor's Tree Lighting
- Elizabeth Birthday Bash Movie Night
- Friday Night Market
- Historic Walk & Talk
- Public Relations
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_



## Participant Waiver, Release and Indemnification

THIS IS A RELEASE OF LIABILITY,  
PLEASE READ CAREFULLY BEFORE SIGNING

As part of my being allowed to participate as a volunteer for the Town of Elizabeth (hereafter Town) before, during and/or after Town coordinated events in calendar year 2024, the undersigned hereby voluntarily enters into this waiver, release and indemnification.

I realize activities during this event are or may be dangerous and do or may involve risks of injury, loss or damage, including but not limited to risks of bodily injury, personal injury, sickness, disease, death, and property loss or damage, and I recognize the activities during the event will involve strenuous physical activity, risks of slipping/falling, and muscle fatigue. I am aware of these risks and further acknowledge that these and other risks may arise from a variety of foreseeable and unforeseeable circumstances connected with these activities. By signing this agreement, I hereby voluntarily assume all such risks of risks of injury, loss or damage to me or to any third party in any way arising out of or related to my participation in the above-described activities, whether or not caused by the act, omission, negligence or other fault of the Town, its officers or its employees, or by any other cause, excepting only those arising solely from willful and wanton conduct of the Town's officers or employees.

By signing this agreement, I further hereby waive, and exempt, release and discharge the Town, its officers, employees and insurers, from any and all claims, demands and actions for any injury, loss or damage arising out of or related to the above-described activities, whether or not caused by the act, omission, negligence or other fault of the Town, its officers or its employees, or by any other cause, excepting only those arising solely from willful and wanton conduct of the Town's officer's or employees.

For and on behalf of myself, my successors, representatives, heirs, executors, assigns and transferees, I hereby further agree to defend, indemnify and hold harmless the Town, its officers, employees and insurers, from and against any and all liabilities, claims and demands, including any third party claim asserted against the Town, its officers, employees or insurers, on account of any injury, loss or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any way related to the above-described activities, if caused by my own willful and wanton or intentional misconduct.

I authorize the Town to obtain medical attention for me (and my child if a participant under 18) in case of emergency if unable to reach the physician stated below, and I hereby release the Town, its officers, employees and insurers, from any and all liabilities, damages, actions or causes of action arising from the procurement of such medical attention for me (or my child).

I authorize and consent to the publication, whether by television, newsprint, written advertisement, website, internet or social media posting or otherwise, of any picture, image or likeness of me (and my child's if a participant under 18), including all or part of my or my child's name, taken in connection with engaging in, spectating at, or otherwise participating in any activity of the Town.

By signing this agreement, I hereby acknowledge and agree that this agreement extends to all actions, omissions, negligence or other fault of the Town, its officer or employees, and that said agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion hereof is held invalid, it is further agreed that the balance of this agreement shall continue in full force and effect. I further understand that nothing herein is intended to or shall constitute any waiver of the monetary limitations or other rights, immunities or protections provided by the Colorado Governmental Immunity Act, C.R.S. § 24-10-101 et seq., or otherwise available to the Town, its officers, or its employees.

I hereby acknowledge and agree that I have read, understood, and voluntarily agreed to the foregoing waiver, release and indemnification agreement, and that this agreement shall be binding on me, my successors, representatives, heirs, executors, assigns and transferees.

Participant - Print Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **PARENT SIGNATURE AND DATE FOR PARTICIPANT UNDER 18 YEARS OLD**

By signing below, I acknowledge that I am the parent of the above-named participant as the term "parent" is defined in C.R.S. Section 13-22-107(2)(b), and, in addition to execution of the foregoing on behalf of the participant, I hereby waive and release any prospective claim of the participant against the Town, its officer and its employees for negligence, to the extent provided by C.R.S. Section 13-22-107(3), in collection with the above-described activities.

Parent - Print Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I do **not** wish to be placed on an e-mail or mailing list for future programs: \_\_\_\_\_ (check here)

I do **not** give permission for media coverage of myself and/or my minor child/ward to be disseminated for public relations purposes: \_\_\_\_\_ (check here).