

## VOLUNTEER REGISTRATION

Name : \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

The City of Palo Alto requires that all individuals volunteering for the City participate in orientation and be properly registered, trained, and supervised for their specific volunteer job.

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In order to protect you and the public in the performance of your volunteer duties, we need the following:

### **IN CASE OF AN EMERGENCY, WHO SHOULD WE NOTIFY?**

1) \_\_\_\_\_  
Name Address Phone

2) \_\_\_\_\_  
Name Address Phone

3) Doctor: \_\_\_\_\_  
Name Address Phone

DO YOU NEED ANY ACCOMMODATIONS DUE TO ANY DISABILITY IN CONNECTION WITH YOUR VOLUNTEER WORK? If YES, what should we know? \_\_\_\_\_

YES NO

ARE YOU ALLERGIC TO ANY MEDICATIONS? (Optional)  
If YES, what are they? \_\_\_\_\_

ARE YOU CURRENTLY ON A MEDICAL TREATMENT PLAN THAT WE SHOULD KNOW ABOUT IN CASE OF AN EMERGENCY? (Optional)  
If YES, what should we know? \_\_\_\_\_

Volunteers registered with the City of Palo Alto are covered for up to \$20,000 (maximum) by the City's accident insurance policy for volunteers, for major medical expenses incurred when actually on volunteer duty for the City under the direction and supervision of an appointed City of Palo Alto employee.

In return for orientation, training, supervision, and recognition of my volunteer efforts, I agree...

- ... To take my volunteer commitment seriously and to work in a professional manner;
- ... To keep to my agreed upon schedule, including being on time and calling my supervisor in case of illness, delay, or unavoidable absense; and
- ... To serve as an ambassador of goodwill for the City of Palo Alto and the community.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If volunteer is a minor, the parent or guardian of the minor must sign this form.)*

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