



VOLUNTEER APPLICATION

Group Name (Applicant): _____

Contact Person: _____

E-Mail Address: _____

Address: _____

Phone Number: _____

Street Name and Limits: _____

Number of Volunteers: _____

Type of Organization (neighborhood, faith based, NPO, scouts, school, etc.):

I, _____, acting as or for the above-named Applicant, acknowledge that I have reviewed and hereby accept the provisions of the City's Volunteer guidelines including any amendments thereto, and agree to abide by the guidelines set therein, and to the terms of the VOLUNTEER AGREEMENT to which I have affixed my signature and which will become effective upon approval by the City of Helotes, Texas.

Signed, _____ Date: _____

(TO BE COMPLETED BY THE CITY)	

Recommendation:	

City Council:	
APPROVED []	DENIED []
Effective Date: _____	Renewal Date: _____



**City of Helotes
VOLUNTEER
Safety Guidelines**

A CLEAN CITY IS IMPORTANT – YOUR SAFETY IS MORE IMPORTANT

THE FOLLOWING TIPS ARE SHARED TO HELP YOU MAKE YOUR VOLUNTEER PROJECT SAFE AND ENJOYABLE

REVIEW THESE GUIDELINES WITH ALL VOLUNTEERS PRIOR TO EVERY EVENT:

- Make sure that all volunteers are familiar with these safety precautions.
- All group members must wear an ANSI Class II Safety vest (neon orange reflective vest) during cleanup projects.
- Consider attire to avoid sunburn and insect bites.
- Drink plenty of water to avoid dehydration.
- Wear light-colored clothing, heavy gloves, sturdy shoes or boots, and a hat.
- Wear long pants and long-sleeved shirts.
- Safety glasses (or plastic lens sunglasses) are recommended for eye protection.
- Wear highly visible safety vests.
- Have a first-aid kit on hand.
- Have a cellular phone on hand.
- Use a buddy system and look out for each other. Carefully supervise children in the group.
- Stay alert.
- Work during daylight and non-peak traffic hours.
- Stop work if the weather gets bad.
- Do not over-exert yourself, especially on hot days.
- Do not attempt to handle hazardous substances (car batteries, pesticide containers).
- Avoid any sharp objects. Do not pick up syringes- please contact **Helotes Police Department at (210) 695-3087**.
- Avoid noxious weeds (poison ivy, poison oak).
- Avoid areas where snakes or stinging insects may be located.
- Stay clear of mowing and construction activities.
- Don't overload bags or attempt to lift too much weight. Large, heavy, or bulky materials should be marked and left for pickup.
- Don't horseplay or do anything that will distract other volunteers.
- Don't leave children or pets in vehicles at cleanup sites.
- Be sure to thoroughly wash your hands after you are finished.
- Use common sense and be alert.



**City of Helotes
VOLUNTEER Completion Form**

Organization Information

Name: _____

Address: _____

Contact Person Information

Name: _____ Phone: _____

Fax: _____ E-mail: _____

Clean-up Information

Clean-Up Date: _____ No. of Volunteers: _____

No. of Hours: _____

Clean-up event this year: 1st 2nd 3rd 4th.

Comments

Please mail, fax, or e-mail this form within two weeks after the date of the event.

City of Helotes
P.O. Box 507
Helotes, TX 78023
Fax: (210) 695-2123
E-mail: cisecty@helotes-tx.gov



**VOLUNTEER
COVENANT NOT TO SUE AND AGREEMENT TO HOLD HARMLESS**

1. I, _____,
[Print Name: First M.I. Last]

in consideration of the opportunity to participate in the City of Helotes' Volunteer Program, conducted in Bexar County, Texas, **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** for any and all purposes the City of Helotes, its agents, officers, employees, volunteers and assigns (herein referred to as "RELEASEES") **FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me during, as a result of or arising from my participation in and/or access to the Volunteer Program, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

2. In the event that I use any property or equipment of the City of Helotes, **I HEREBY VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained as a result of or arising from my use of said equipment or property, **WHETHER SUCH LOSS, DAMAGE, OR INJURY IS CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.**

3. I am fully aware that there are inherent risks involved in my participation in the Volunteer Program which can result in serious physical injury, death, and/or damage to property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS, KNOWN OR UNKNOWN, OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained as a result of or arising from my participation in and/or access to the Volunteer Program, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. I FURTHER AGREE TO HOLD HARMLESS THE RELEASEES FOR ANY LOSS, LIABILITY, DAMAGE, OR COSTS, INCLUDING COURT COSTS AND ATTORNEY'S FEES**, that may occur as a result of or arising from my participation in the Volunteer Program.

4. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future.



SIGNED this _____ day of _____, 20__.

Participating Group Name (print)

Participating Member Signature

I certify that I am the parent or legal guardian of the participant above named; that I have read and understood the foregoing release and waiver; and that in consideration of allowing the participant to participate in the City’s Volunteer program I join in the release and waiver without reservation and agree to release and waive any claim or legal cause of action that I might have arising out of any personal injury, damage or death of the participant as against the City of Helotes, its officials, employees, and agents. I further grant my full consent and authorization for the above-named participant to engage in the activity described above. Furthermore, I authorize all reasonable medical treatment that may be necessitated in the event of injury or accident occurring to the participant named above while working in the Volunteer program.

Signature of Participant

Date

Signature of Guardian
(If participant is less than 18 years old)

Date