

Volunteer Form

SELECT ONE: New Returning

VOLUNTEERSUPERVISOR INFORMATION

Organization Name (if applicable) _____

On-site Contact _____ On-site Contacts Cell # _____

Address _____

City _____ State _____ Zip _____

E-mail address _____ Web Site _____

Volunteer Location _____

Volunteer Time _____

VOLUNTEER INFORMATION:

Name

Age

Name	Age

THANK YOU!

As a volunteer for the City of Vacaville, I understand that I will not receive any monetary compensation for the time I contribute. I acknowledge that volunteer service is an “at -will” relationship to the City and that I can be released at any time. As a supervisor I am in charge of participants that are under 18 and that I will not hold the City liable for any injury that happens to myself or the volunteers under my care.

Supervisors Signature _____ Date _____



City of Vacaville Special Events

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