

SWARTZ CREEK POLICE DEPARTMENT

**CHILDREN ACTIVITY
VOLUNTEER APPLICATION**

This volunteer application applies to Children Activities provided by the Swartz Creek Police Department. Volunteers will be under the direction of the Police Officer assigned by the Chief of Police.

Swartz Creek Police Department Children Activity programs include, but not limited to Camp 9-1-1, Bike Rodeo, Shopping with a Hero, and other programs provided by the Police Department.

**Information provided below is for use by the Swartz Creek Police Department Only
The Applicant agrees to allow for a background check upon application submission**

Name: _____

Address: _____

City: _____

Phone: Home: _____ Cell: _____

Date of Birth: _____

Allergies? No ___ Yes ___ List: _____

Any physical accommodations required? No ___ Yes ___ List _____

EMERGENCY CONTACTS:

Name: _____ Phone: _____

Relationship _____

Or

Name: _____ Phone: _____

Relationship _____

Signature: _____ Date: _____

**RETURN COMPLETED APPLICATION TO THE
SWARTZ CREEK POLICE DEPARTMENT.**

**SWARTZ CREEK POLICE CHILDREN PROGRAMS
VOLUNTEER AGREEMENT / ACKNOWLEDGEMENT AND RELEASE FORM**

PLEASE READ AGREEMENT CAREFULLY BEFORE SIGNING

I, the undersigned, have applied to volunteer for the Swartz Creek Police Department Children Programs. I realize that the programs may include: exercises, use of safety equipment, walking, running, and lifting.

As a Volunteer, I am aware in signing this form that certain elements of the Programs require participation and that not all hazards and dangers associated with the activities can be foreseen. I understand that certain risks, dangers and injuries, including fatality, due to acts of God, inclement weather, slipping, falling, insect bites, equipment failure and other circumstances may exist in Program activities. I recognize that it is impossible to guarantee absolute safety.

I understand and voluntarily assume all risks, dangers and injuries associated with participation in the Police Child Programs and agree that neither the Swartz Creek Police Department, nor their officers, directors, employees, agents or other representatives in any capacity shall be responsible for any loss, damages, or injuries resulting to me in the absence of gross negligence imputable to the Police Department. I further agree to release, indemnify and hold the Swartz Creek Police Department, their officers, employees, agents and other representatives in any capacity, harmless from or for any claims, causes or action, liabilities or damages that may arise as a result of or in connection with my participation in the Programs.

I expressly agree to observe all Programs safety regulations and directions as interpreted and enforced by Programs activity leaders. I voluntarily assume and accept responsibility for all risks, dangers and injuries resulting from my failure to obey safety regulations and directions of activity leaders or from the exercise of judgment by such activity leaders made in good faith based on then existing circumstances.

I have read and understand this Volunteer Agreement/Acknowledgement and Release Form. My signature on this document is also intended to bind my heirs, representatives, administrators and assigns.

I assume full responsibility for my health and certify that I am free of, or will notify the Police Officer of, any medical, physical or emotional conditions which might create undue risk for myself or others. I agree to exercise good judgment in regard to my health, safety, and well-being while participating in the Programs. If for any reason I question my ability to work in an activity, I will tell the Police Officer prior to participation.

I agree to allow the Swartz Creek Police Department perform a Criminal Background Check on me.

I FULLY UNDERSTAND THE NATURE OF THE PROGRAM ACTIVITIES. I GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT AND HEREBY AUTHORIZE AT MY EXPENSE THE CALLING OF MEDICAL PERSONNEL TO PROVIDE WHATEVER EMERGENCY MEDICAL OR SURGICAL TREATMENT IS NECESSARY.

VOLUNTEER: (Print Name): _____

SIGNATURE: _____ Date: _____

WITNESS: (Print Name) _____ SIGNATURE: _____

DATE: _____