



Volunteer Application

Name (Please Print) _____ Address _____

Age _____ Day Phone _____ Evening Phone _____

Occupation _____ Employer _____

Previous Volunteer Experience

Please use reverse side if additional space is needed

From	To	Organization/Location	Activity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Skills/Interests: _____

Volunteer Goals: _____

Times Available for Volunteering: Day(s) _____ Hours _____

Comments: _____

Signature: _____ Date: _____



Folsom Chamber of Commerce Volunteer Information and Release of Liability

Name: _____ Address: _____

Day Phone: _____

Evening Phone: _____

Emergency Contact Person: _____

Emergency Day Phone: _____ Emergency Evening Phone: _____

Physician: _____ Phone: _____

Allergies: _____

Limitations: _____

I authorize the FOLSOM CHAMBER OF COMMERCE to act on my behalf in an emergency situation in the event that neither my Emergency Contact Person nor I are able to so act. I acknowledge that the FOLSOM CHAMBER OF COMMERCE does not carry medical insurance for volunteers participating in any activity involving or sponsored by the FOLSOM CHAMBER OF COMMERCE. I further agree to release the FOLSOM CHAMBER OF COMMERCE, its officers, directors, employees, members, and agents, and any other sponsoring entity from any and all liability for injuries or damages, including, but not limited to, claims for personal injury and medical care, which I may suffer while participating as a volunteer for the FOLSOM CHAMBER OF COMMERCE or in any activity involving or sponsored by the FOLSOM CHAMBER OF COMMERCE and waive the provisions of California Civil Code Section 1542, which provides that:

“A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITRO DOES NOW KNOW OR SUSPECT TO EXIST IN HIS GAVORS AT THE TIME OF EXECUTING THE RELEASE, WHICH IS KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.”

Volunteer Signature: _____

Date: _____