



City of Hollister Anti-Graffiti Program Volunteer Service Agreement

I, _____, am at least 15 years old* and agree to volunteer my services to the CITY OF HOLLISTER'S Anti-Graffiti Program (AGP) Campaign in the Hollister Police and Community Services Departments. I understand that if I am less than 18 years old that I must have the signature of my parent or guardian before I may volunteer my services to the CITY OF HOLLISTER.

I understand that any area that I have adopted, chosen, or volunteered to keep graffiti free, as a part of my volunteer service will be performed through the use of the materials provided by the AGP and that these materials may include latex paint and/or solvent for graffiti removal and/or supplies which may be necessary.

I acknowledge and agree that there is no salary, other compensation or prizes of any kind to be provided by the City for my services as a volunteer. Rewards or prizes for volunteer service to the City may be offered by other persons; however, the City is not responsible for payment of any such reward or prize to me.

I understand that the City of Hollister does not provide Worker's Compensation Insurance for volunteers. Therefore, I understand and agree that any work that I perform on a volunteer basis will be performed at my own risk and I knowingly assume the risk.

In addition, I agree to release, discharge and hold harmless the City of Hollister, its officers, volunteers, agents and/or employees from any and all actions, claims, losses or demands of whatsoever nature that I, my successors in interest, guardians, legal representatives or assigns may now or later have against the City of Hollister for any personal injuries or property damage arising out of my volunteer service or activities performed in connection with the City's AGP.

I also acknowledge and agree that I am not an employee of the City, and that my services are provided for the convenience of the City and may be terminated at any time by the City for any reason or for no reason.

Last Name

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First Name

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Address

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Phone

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City

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E-Mail

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Zip

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Age (if under 21)

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Name of Your Group, Company (if any)

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Volunteer's Signature

*Signature of parent or guardian, required if under 18 years old

Date

Volunteers please read and, if applicable, initial in the appropriate space below:

_____ I have read, received a copy of and fully understand the MSDS (Material Safety Data Sheet) **AND** the Graffiti Chemical and Solvent safety sheet. By initialing this section, I agree to follow the procedures and guidelines set forth by the City of Hollister's Anti-Graffiti Program.

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Initials

Data Entry Date

Signature of City Manager or Authorized Designee

Date