

Group Name: _____ Date: _____

Group Leader: _____ Type of Organization: Profit Non Profit

Position/Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Number: _____

Email Address: _____ Want to receive e-news? Yes No

Please select all volunteer opportunities that interest your group:

- Nightbird Dances: one Friday night a month
- Bowling: every Monday, excluding holidays

DANCE TRAINING

- Ballroom Dancing: 8 week workshops in Spring and Fall

DAY PROGRAMS - "CLUBHOUSE"

- Clubhouse, winter: 8 Wednesdays in January to February
- Clubhouse, summer: 8 Wednesdays in June to July
- Christmas Craft: 2 afternoons in December

GENERAL OPPORTUNITIES (only complete through page 6)

- Banquets: (Bowling, Belly Dancing, Holiday Gala)
- Fundraisers: (Set up, advertise, serve, or clean up)

By signing this application, the undersigned Authorized Group Representative represents that: (1) he/she has been delegated authority to execute this Agreement on behalf of the group; (2) he/she acknowledges understanding of and acceptance of the following terms and conditions on behalf of the group, and (3) that each member of the group shall be informed of the contents of this Agreement.

1. The information provided above may be verified by contacting persons or organizations named in this application. Also, if accepted as a volunteer organization, I understand that the volunteer services provided will be utilized at the direction of the City of Altamonte Springs and that City of Altamonte Springs may terminate these services at any time without prior notice.
2. The group identified above, and the individual members of this group, are not employees of City of Altamonte Springs. At all times they are acting as unpaid, independent volunteers, and as such, are not entitled to any provisions of law regarding City of Altamonte Springs employment, nor any laws relating to hours of work, rates of compensation, leave time or employee benefits.
3. Each group member must comply with all City of Altamonte Springs policies and regulations, including safety guidelines.
4. Each group member certifies that he/she has no medical condition or restriction that would prohibit him/her from participating in group activities. City of Altamonte Springs assumes no responsibility for evaluating the medical condition of group members or determining their fitness to perform specific activities.
5. Each member of the group recognizes and understands that they are at all times responsible for their own safety and the safety of others and that in performing group activities they may encounter natural or other hazards. While the City of Altamonte Springs will seek to ensure that group members are not exposed to natural or other hazards of which it is aware that may involve significant risk of physical harm, each member of the group assumes the risk of any such hazard and is responsible for staying alert as to potential hazards and taking appropriate steps, including discontinuing any activities that involve a risk of bodily harm.
6. Each member of the group, upon engaging in any group activities, will be required to sign a "Volunteer Agreement" in the form attached hereto as Exhibit A, which provides that the City of Altamonte Springs will be held harmless for any personal injuries that a group member may sustain in the course of performing group activities. In addition, the terms and conditions of this Agreement shall apply to each group member, individually.

Exhibit A – Indemnity Provision

I hereby hold and save City of Altamonte Springs, its directors, officers, employees and representatives, harmless from, and agree to indemnify against any and all claims and losses that may be made by me or my heirs, spouse, or other persons for personal injury, loss of life or property damage that may result from my participation as a volunteer. This waiver and indemnity obligation includes claims based upon my partial or sole negligence or that of City of Altamonte Springs. I do not waive my right to workers compensation coverage for volunteer services, as provided above.

Signature of Authorized Group Representative

Date

Darla Litton, City of Altamonte Springs Risk Manager

Date

Return to: Terri Vitale, Special Needs Activities Supervisor, Office: 407-571-8814, Fax: 407-571-8451

City of Altamonte Springs, 225 Newburyport Avenue, Altamonte Springs FL 32701, Email: TVitale@altamonte.org, www.ASRecreation.org

Group Name: _____ Group Leader: _____
 Activity Title: _____ Total Participants: _____
 Activity Date: _____ Total Hours: _____

This is to acknowledge that I have read, understand and agree with the terms and conditions of City of Altamonte Springs Group Volunteer Application for the Special Needs Activities & Programs.

Name	Signature	Contact Information
1		Phone: Email:
2		Phone: Email:
3		Phone: Email:
4		Phone: Email:
5		Phone: Email:
6		Phone: Email:
7		Phone: Email:
8		Phone: Email:
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