

# 2017 Downey Ride & Stride

Sunday, May 7, 2017

## **VOLUNTEER INTEREST FORM**



Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Male     Female    Age: \_\_\_\_\_ \* Shirt Size: \_\_\_\_\_

\*If under the age of 16, a parent or guardian must be present during the volunteering time. If under 16, please complete the following parent information.

Parent Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Male     Female

Please select the times you know you are available to volunteer: (Please check all that apply)

7:00am-10:00am     10:00am – 1:00pm     1:00pm – 4:00pm

Areas volunteer is willing to help with: (Please check all that apply)

- General Volunteers:** can be assigned to a variety of tasks to support staff and community.
- Event Logistics:** assist with directional event signage. Make sure all signs for shuttles, event entrances, etc. are set up prior to event and taken down afterwards, assists with traffic control, assists with pedestrian safety, set –up event equipment/supplies, organize supplies, clean-up trash, take down event equipment/supplies, and put up and take down decorations.
- Festivity Monitor:** assists with the operation of carnival games at KidsLAVia, monitors large game plan along route, assist with arts and crafts stations and cheer stations.
- Hydration Station Host:** needed to setup, maintain and distribute water along the route.
- Counters:** will work with City staff to try to capture the amount of participants at the event.
- Surveyor:** in hopes of getting valuable feedback, we need help surveying patrons at the event about their experience. You will need to ask patrons a set of questions and record their responses.

If you are a service group who would like to volunteer as a group, please fill out the following and complete the Service Group Interest Form, each volunteer must also complete their own volunteer waiver.

Name of Service Group: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Volunteers: \_\_\_\_\_

Areas volunteer group is willing to help with: (Please check all that apply)

- General Volunteer     Festivity Monitor     Bike Leaders     Event Logistics
- Counters     Surveyor     Hydration Station Host

**Volunteers will be required to attend a Volunteer Orientation on April 24<sup>th</sup> @ 6pm, April 27<sup>th</sup> @ 6pm, and April 29<sup>th</sup> @ 10am.**

Deadline for paperwork is **Friday, March 31, 2017**. You must complete the interest form and waiver for submission. We encourage you to submit your forms as early as possible.

**Return this form to:**

City of Downey Park and Recreation Department  
Attn: Alejandra Garcia  
7850 Quill Dr. Downey, CA 90241

**Or email to:** [agarcia@downeyca.org](mailto:agarcia@downeyca.org)

For more information, please call Alejandra at 562-904-7223

[www.downeyrideandstride.com](http://www.downeyrideandstride.com) (Event Website)

[www.downeyca.org](http://www.downeyca.org)

**For Office Use Only:**

Form received: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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## SERVICE GROUP VOLUNTEER INTEREST FORM

**Name of Service Group:** \_\_\_\_\_

Please list the names of your volunteers below and check the shift(s) and area(s) they are willing to assist with. \*Each volunteer must also submit their own volunteer waiver.

Volunteer	Shift
Name: _____ Age: _____ Phone Number: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 7:00am-10:00am <input type="checkbox"/> 10:00am-1:00pm <input type="checkbox"/> 1:00pm – 4:00pm
Name: _____ Age: _____ Phone Number: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 7:00am-10:00am <input type="checkbox"/> 10:00am-1:00pm <input type="checkbox"/> 1:00pm – 4:00pm
Name: _____ Age: _____ Phone Number: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 7:00am-10:00am <input type="checkbox"/> 10:00am-1:00pm <input type="checkbox"/> 1:00pm – 4:00pm
Name: _____ Age: _____ Phone Number: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 7:00am-10:00am <input type="checkbox"/> 10:00am-1:00pm <input type="checkbox"/> 1:00pm – 4:00pm
Name: _____ Age: _____ Phone Number: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 7:00am-10:00am <input type="checkbox"/> 10:00am-1:00pm <input type="checkbox"/> 1:00pm – 4:00pm
Name: _____ Age: _____ Phone Number: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 7:00am-10:00am <input type="checkbox"/> 10:00am-1:00pm <input type="checkbox"/> 1:00pm – 4:00pm
Name: _____ Age: _____ Phone Number: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 7:00am-10:00am <input type="checkbox"/> 10:00am-1:00pm <input type="checkbox"/> 1:00pm – 4:00pm
Name: _____ Age: _____ Phone Number: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 7:00am-10:00am <input type="checkbox"/> 10:00am-1:00pm <input type="checkbox"/> 1:00pm – 4:00pm
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Name: _____ Age: _____ Phone Number: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 7:00am-10:00am <input type="checkbox"/> 10:00am-1:00pm <input type="checkbox"/> 1:00pm – 4:00pm
Name: _____ Age: _____ Phone Number: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 7:00am-10:00am <input type="checkbox"/> 10:00am-1:00pm <input type="checkbox"/> 1:00pm – 4:00pm

Deadline for paperwork is **Friday, March 3, 2017**. You must complete the interest form and waiver for submission. We encourage you to submit your forms as early as possible.

**Return this form to:**  
 City of Downey Park and Recreation Department  
 Attn: Alejandra Garcia  
 7850 Quill Dr. Downey, CA 90241  
**Or email to:** [agarcia@downeyca.org](mailto:agarcia@downeyca.org)  
 For more information, please call Alejandra at 562-904-7223  
[www.downeyrideandstride.com](http://www.downeyrideandstride.com) [Event Website]  
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**For Office Use Only:**

Form received: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# **2017 Downey Ride & Stride**

**Sunday, May 7, 2017**

## **VOLUNTEER WAIVER**

### **Volunteer Agreement**

As an Open Street volunteer, I agree that while serving as a volunteer, I will:

- Dress and act in an appropriate manner at all times.
- Report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the patrons.
- Abstain from the consumption or use of all alcohol, tobacco products and illegal substances while volunteering.

\_\_\_\_\_  
**Signature of Volunteer**

\_\_\_\_\_  
**Date**

### **Waiver, Release, Assumption of the Risk & Indemnification Agreement—**

#### **City of Downey Department of Parks & Recreation**

In consideration for being permitted by the City of Downey Department of Parks & Recreation (City) to participate in Department Program(s), I, on behalf of my minor child/myself, hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which my minor child/myself has, or which may hereafter accrue to my minor child/myself, as a result of participation in said Program(s). This release is intended to discharge in advance City, and City's officers, employees, volunteers and agents from any and all liability arising out of or connected in any way with my minor child's/myself participation in Department Program(s), even though that liability may arise out of negligence or carelessness on the part of the City, and/or the City's officers, employees, volunteers and agents. It is understood that the Department Program(s) involves or may involve an element of risk and danger of accidents to my minor child/myself, and knowing those risks I hereby assume those risks on behalf of my minor child/myself. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, successors and assigns.

I further agree to indemnify, defend and hold harmless City and City's officers, employees, volunteers and agents from any loss, liability, damage, cost, or expense which each of them may incur as a result of any injury, death or property damage that any third party may sustain as a result of the negligence or willful misconduct of my minor child/myself while participating in the Department Program(s).

I hereby consent that my son/daughter/myself participate in the above named Department Program(s), and I hereby execute this Waiver, Release, Assumption of the Risk & Indemnification Agreement on his/her/my behalf. I state that the minor/myself named on this form is physically able to participate in said Department Program(s). I hereby agree to indemnify, defend and hold harmless the City, and/or City's officers, employees, volunteers and agents from any loss, liability, damage, cost, or expense, which each of them may incur as a result of any injury, death or property damage that said minor/myself may sustain while participating in the Department Program(s).

**I HAVE CAREFULLY READ THIS WAIVER, RELEASE, ASSUMPTION OF THE RISK & INDEMNIFICATION AGREEMENT, HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS REGARDING THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER, RELEASE OF LIABILITY, ASSUMPTION OF THE RISK & INDEMNIFICATION AGREEMENT BETWEEN ME AND THE CITY OF DOWNEY AND I SIGN IT FREELY AND VOLUNTARILY.**

\_\_\_\_\_  
**Signature of Adult Participant or Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

Print Name of Adult Participant or Parent/Legal Guardian: \_\_\_\_\_

**Medical Release**

In the event of an emergency, I, \_\_\_\_\_, hereby designate an adult leader of the City of Downey Department of Parks & Recreation as my agent with full authority to authorize emergency medical attention or treatment and health services and care by any licensed physician or surgeon or any licensed hospital for my minor child/myself whenever such treatment or care is required for any condition which endangers the life and/or limb of my minor child/myself. (Please provide the medical/health insurance information below):

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

Do you/your minor child have any medical conditions or allergies to medication(s)? If yes, what?

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Adult Participant or Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

Print Name of Adult Participant or Parent/Legal Guardian: \_\_\_\_\_

**Emergency Contact Information**

**PERSON(S) TO CONTACT IN CASE OF EMERGENCY**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_