FRESNO FIRE DEPARTMENT VOLUNTEER RELEASE

Name:_____
(Last) (First) (Middle)

Previous Names (if Applicable):_____

Address:_____
(Street) (City) (State) (Zip Code)

Phone-Home:_____ Work:_____ Date of Birth:_____

California Drivers License Number:_____ Expires: _____

Background Check: I authorized the Fresno Fire Department to conduct a background investigation; including a criminal records check and other information that may be of a confidential or privileged nature. I authorized the Fire Department to use a copy or facsimile of this form to be considered the same as the original for the purposes of the background investigation. Check any that apply. I have been: (____) Arrested (____) Convicted of a felony (____) Convicted of a misdemeanor

Release of Liability: I, the individual named above, hereby request permission to participate in the Fresno Fire Department's Volunteer program. I understand that training and/or assignments may involve physical activities, which include a potential risk of personal injury and/or personal property damage; and I make this request with full knowledge of these risks. I certify that I am able to perform the assignment I am applying for, and will disclose any medical conditions which may affect my safety or ability to perform my duties. I agree to hold the City of Fresno, Fresno Citizen Corps Council and its directors, and their agents and personnel, harmless from any and all claims, actions, suits and/or injury that I may suffer which may arise as a result of my participation in the above mentioned program.

At-Will Status: I agree to follow the rules established by my supervisor(s), and to exercise reasonable care while participating in the volunteer program. I understand that if I fail to follow the rules/regulations or if I fail to exercise reasonable care, I can be administratively removed from the program. I am an at-will volunteer, without vested property rights in my position as a citizen volunteer and I may be released at any time without cause and without right of appeal.

Photographs: I authorize the use of any photograph taken in connection with my participation in the program without prior approval or compensation.

By executing this form, I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactorily answered. I sign this release freely and voluntarily.

Signature:_____ Date:_____

- ❑ Parental approval is *mandatory* for those under 18 and must be indicated by a signature below. Parents are responsible for the transport and safety of their minor children before and after the hours of their volunteer assignment.

Signature of parent/guardian:_____ Date:_____