



**VOLUNTEER SERVICES • CITY OF CORAL SPRINGS, FLORIDA**  
Office at 10000 NW 29th Street in Mullins Park  
Mail to: 9551 W. Sample Road • Coral Springs, FL 33065  
Phone 954-346-4430 • Fax 954-346-4433 • CoralSprings.org/volunteer

## TEEN VOLUNTEER APPLICATION

Application Date: \_\_\_\_\_ Year Of Graduation: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact Person (Parent/Family Member)

and Phone Number: \_\_\_\_\_

School/Employer: \_\_\_\_\_ Grade: \_\_\_\_\_

Special Skills: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

## **RELEASE AND WAIVER**

In consideration of the permission granted me by the City of Coral Springs, to participate as a volunteer in the City of Coral Springs Volunteer Services activities and any and all related events and activities, I the Undersigned for myself, my heirs, assigns and administrators, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE THE CITY OF CORAL SPRINGS AND ITS AGENTS, OFFICERS AND EMPLOYEES from all liability to the Undersigned, my heirs, assigns and administrators, of and from all claims and demands, actions and causes of action, damages, losses and liabilities, costs, expenses and compensation on account of my death or injury to my person or property and any and all known and unknown, foreseen and unforeseen damages and consequences thereof caused by or arising out of my participation in this activity or event.

I certify and warrant that I am in good physical condition and able to participate as a volunteer in the above activity or event, and do agree to do so at my own risk.

I expressly agree and acknowledge that my participation in the above referenced activity is as a volunteer and not as an employee of the City of Coral Springs and that I understand and agree that I shall not accrue nor shall I be entitled to any City employee benefits or other incidents of employment by virtue of this agreement.

**I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.**

This release and Waiver contains the entire agreement between the Undersigned and CITY OF CORAL SPRINGS and the terms of this Release and Waiver are contractual and not a mere recital.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on

\_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_  
Participant

By: \_\_\_\_\_  
Parent/Guardian

Return by mail to:  
Kim Sanecki, Volunteer Services Coordinator  
9551 West Sample Rd  
Coral Springs, FL 33065  
Phone #954-346-4430  
Fax #954-346-4433  
Volunteer Services is located at:  
10000 N.W. 29<sup>th</sup> Street • Mullins Park