



## Volunteer Application

### Contact Information:

Name	
Street Address	
City, State, Zip	
Phone	
Email	
Birthdate	
Parent's Name (if under 18 years of age)	
Emergency Contact	

### Previous Volunteer Experience:

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### What special skills, talents or abilities would you like to share with the City of Caldwell?

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### Waiver and Release of Liability, Indemnification and Hold Harmless Agreement:

In consideration of acceptance of the application, I for myself, children, guardianship and anyone entitled to act on behalf of anyone registered for the above mentioned programs, agree to waive any claim against the City of Caldwell, its employees or its agents for injuries that may occur as a result of my participation in this program. My signature acknowledges that I understand the risk involved in the activity to avoid injury.

Signature & Date:

### Please return application to:

Kresta Smout (Phone 208-455-3027)  
PO Box 1179, Caldwell, ID 83606  
ksmout@cityofcaldwell.org or by fax @ 208-453-5032