



Safe Winter Walkways Volunteer Form

Name: _____

Address: _____

Phone: _____

Email: _____

Reference (name and number): _____

Do you have a snow shovel: Yes No

Volunteer Background Checks

All DCSS volunteers are subject to criminal background checks. To be considered for volunteer placement at DCSS, applicants must agree to background checks and sign this form.

I have read and understand the above statement regarding background checks. I also understand that any adverse findings from background checks will prohibit me from volunteering at DCSS.

Date

Signature

**CITY OF LAWRENCE
SAFE WINTER WALKWAYS PROGRAM**

I, the undersigned, being a volunteer involved in the City of Lawrence Safe Winter Walkways Program (hereinafter “the Program”), or being the parent or legal guardian of such a volunteer in the Program, in consideration for my or another’s participation in the Program hereby, for myself and any volunteer for whom I am a parent or legal guardian, release, discharge, and hold harmless the City of Lawrence and the Douglas County Senior Services Center, Incorporated and their officers and employees from any and all actions, causes of action, claims or any liabilities whatsoever, known or unknown, now existing or which may arise in the future on account of or in any way related to or arising out of my participation in the Program.

I further state that I am aware of and understand the inherent risks, hazards and dangers associated with removing snow from sidewalks, including threats to life and limb, such as the possibility of slipping and falling on snow or ice, being exposed to harsh weather conditions (cold temperatures and precipitation), and perhaps experiencing complications associated with the weather conditions and physical exertion (fainting, collapse, exhaustion or other more serious complications). I understand that these are examples of the risks, hazards and dangers associated with removing snow from sidewalks but not necessarily a complete list.

I further state that my physical health (if I am the volunteer) or the physical health of any volunteer for whom I am a parent or legal guardian, is now and will be during the volunteer’s participation in the Program, sufficiently sound to permit such person(s) to safely participate in this Program.

I further state that I understand that volunteers for all purposes, including workers compensation, are not employees of the Safe Winter Walkways Program, the City of Lawrence, or the Douglas County Senior Services Center, Incorporated. Finally, I understand that the Program, the City of Lawrence, and the Douglas County Senior Services Center, Incorporated, are not responsible for injury or death to myself or any volunteer for whom I am a parent or legal guardian which may occur while acting as a volunteer.

Participant’s Name (please print)

Participant’s Age: _____

Participant’s Signature

Signature of Participant’s Parent
or Legal Guardian (if under 18)

Date: _____