



MT. SAN JACINTO COMMUNITY COLLEGE DISTRICT
VOLUNTARY PARTICIPATION - ACKNOWLEDGEMENT
AND ASSUMPTION OF RISK

Volunteer First Name: Last Name:

Address: City: State: Zip:

I, (volunteer first name, last name) volunteer to participate in the (program/event name) conducted in conjunction with the Department of Mt. San Jacinto Community College. Participation in this program is voluntary and will held on the following dates: through Start date End date

I understand and acknowledge that participation in these activities is completely voluntary. I understand and acknowledge that in order to participate in these activities, I am over the age of 18 years old, and I agree to assume liability and responsibility for all risks. I understand and do hereby verify that my immunizations are current and that I am capable of participating in this event.

As a volunteer, I agree to abide by all applicable rules and regulations of Mt. San Jacinto College and the guidelines of this unit and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service that I provide.

In the event of an illness or injury, I will obtain the necessary medical treatment on my own behalf and release and hold harmless Mt. San Jacinto Community College in the exercises of this authority. I understand and acknowledge that I will be responsible for any and all medical and related bills that may be incurred on behalf for any illness or injury that I may sustain during this program.

I understand and acknowledge that Mt. San Jacinto Community College reserves the right to dismiss, in its sole discretion, any participant whose behavior is deemed unsatisfactory or detrimental to the best interests of Mt. San Jacinto Community College, themselves, other participants, and/or Releases.

I understand and acknowledge that Mt. San Jacinto Community College will not be held responsible for any personal items or electronic devices including cell phones that are stolen, lost, or damaged while I am attending the program.

I understand and acknowledge and agree that Mt. San Jacinto Community College, its employees, officers, and agents or volunteers shall not be liable for any injury/illness I may suffer which is incident to and/or associated with preparing for and/or participation in this activity. I voluntarily assume all risks, known or unknown, of injuries or illness, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.

In the event of an emergency, please list two local people if communication is necessary to be used in an emergency.

Emergency Contacts:

Printed Name Relationship Phone Number
Printed Name Relationship Phone Number



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**Medical Information:** Please provide the medical information noted below for my care:

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medical concerns: \_\_\_\_\_

List any allergies: \_\_\_\_\_

**PHOTO/VIDEO RELEASE**

**Initial below:**

\_\_\_\_\_ I understand and acknowledge that I hereby give permission to Mt. San Jacinto Community College District to photograph or video which may be used in any advertising format. This includes and is not limited to printed materials, college publications, the Mt. San Jacinto Community College website, TV and or radio stations, newspapers and magazines.

**SIGNATURE:**

I have carefully read this VOLUNTARY PARTICIPATION FORM and that I understand and agree to its terms. I confirm that all information listed is true and accurate.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

**Department:**

Volunteers **MUST** be at least 18 years old. Volunteers may not perform bargaining unit work (i.e. duties that the district employs permanent employees to perform). Once the Volunteer Form has been completed and signed, make two (2) copies of the form. Forward the original to Human Resources, retain one copy for your files, and provide one copy to the volunteer. Area Dean may sign below for approval. Please Note: Human Resources approval is required **PRIOR** to allowing volunteers to begin service. Approval or denial notifications will be forwarded to the Dean.

**Duties to be performed:** \_\_\_\_\_

**Area Dean Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Human Resources:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Board Date: \_\_\_\_\_