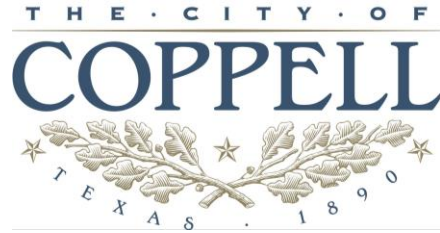


TEEN VOLUNTEER AGREEMENT

By checking the boxes below, I, the parent/legal guardian of _____, affirm the following:

- My child is able to participate as a volunteer in all activities and events and agrees to do so at their own risk. If not, please explain:

- My child understands that volunteers are prohibited from carrying or using firearms on City time and/or on City property (including City vehicles). Volunteers who hold a license to carry **must keep such items in their locked personal vehicle**. Firearms and ammunition are not allowed in City vehicles, with the exception of police squad vehicles.
- My child agrees not to consume or use tobacco products on any volunteer assignment.
- My child agrees not to consume, use, possess, or be under the influence of any drug or alcohol products on any volunteer work assignment.
- My child understands that any pattern of conduct that would tend to disrupt, diminish or otherwise jeopardize public trust in the City of Coppell will result in dismissal.
- My child understands that their volunteer assignment with the City of Coppell may be terminated at any time.
- My child understands their involvement with the City of Coppell may include coverage in the media. I approve the use of my child's likeness, voice, photograph, words, and any other creative work without payment or consideration by the media or the City of Coppell.
- My child has never been (1) convicted or plead guilty before a court for any federal, state or municipal criminal offense (excluding minor traffic misdemeanors), (2) received deferred adjudication or similar disposition for any federal, state or municipal offense, (3) received probation or community supervision for any federal state offense, (4) convicted of any criminal offense in a country outside the jurisdiction of the United States.
- As of date of this form, my child does not have pending charges against them.
- In the event my child's criminal history changes, I understand it is mandatory to report the change to a Volunteer Coordinator as it may affect volunteer eligibility.



WAIVER OF LIABILITY

IN CONSIDERATION OF THE CITY OF COPPELL ALLOWING MY CHILD TO PARTICIPATE IN THE VOLUNTEER PROGRAM, AND BEING AWARE OF THE POSSIBLE INJURIES THAT COULD OCCUR AS A RESULT OF THAT PARTICIPATION, I, ON BEHALF OF MY MINOR CHILD, RELEASE THE CITY OF COPPELL OFFICIALS, EMPLOYEES, AGENTS, INSTRUCTORS FROM ANY AND ALL INJURIES AND DAMAGES WHATSOEVER ARISING FROM PARTICIPATION IN THE EVENT.

I, MY HEIRS AND REPRESENTATIVE, AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS THE CITY OF COPPELL, ITS OFFICIALS, EMPLOYEES, AND AGENTS FROM ANY AND ALL CLAIMS MADE BY ME (MY CHILD) OR MY INSURER FOR INJURIES OR DAMAGES RELATED TO THIS EVENT.

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION AND DURING THE INTERVIEW PROCESS IS TRUE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION OR SIGNIFICANT OMISSIONS OF ANY INFORMATION MAY BE CONSIDERED JUSTIFICATION FOR NON-ACCEPTANCE OR DISMISSAL IF DISCOVERED AT A LATER DATE AND THAT APPOINTMENT TO A VOLUNTEER POSITION MAY BE CONTINGENT UPON THE COMPLETION AND REVIEW OF A CRIMINAL BACKGROUND CHECK.

I UNDERSTAND THIS WAIVER IS VALID FOR THE BELOW LISTED MINOR UNTIL THE MINOR TURNS 18 YEARS OLD.

MINOR'S FULL NAME: _____

MINOR'S 18TH BIRTHDAY (MM/DD/YYYY): _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

TODAY'S DATE: _____