



Bethany Services
d.b.a Bakersfield Homeless Center
1600 East Truxtun Ave
Bakersfield, CA 93305
(661)322-9199

Volunteer Assignment Request

Volunteer's Name _____

Phone # _____ E-mail _____

Emergency Contact _____ Phone # _____

Check One

- Individual Community Group – Name of Organization _____
- School Group – Name of School _____
- Cal-Works/DHS Hours per Week _____ Court Appointed Housing Authority

Department of Interest

- Kitchen Donations Champ Camp (after-school only) Teen Room (evenings)
- Other _____

Available Days and Times _____

Acknowledgment of Exclusion and Release of Liability by a Volunteer

I acknowledge that my service to Bethany Services, doing business as the Bakersfield Homeless Center, in the Volunteer Program will be voluntary. I understand that I will be a volunteer and not an employee for Worker's Compensation claims as provided in section 3352 of the California Labor Code, or any other reason. I acknowledge that I will not be able to assert a claim for Worker's Compensation benefits should I suffer an injury during the performance of my volunteer/community services duties. I agree to assume all risks connected with my volunteer/community services. I further agree to release Bethany Services, its director, employees, volunteers or persons related to director, employees or volunteers, from any and all liability, claim, demand or cause of action or litigation arising out of personal injury, illness, death or property damage that I may suffer while performing volunteer/community services work.

I further agree that I will not name, or have named, any of the parties mentioned above as defendants or cross-defendants in any litigation arising out of my volunteer/community services work. I further agree that I will save and hold harmless these parties from any other claims, demands and causes of action or litigation arising out of said services including but not limited to actual damages, general damages, punitive damages, attorney fees and cost suit.

Refusal to sign this release will result in my exclusion from participating in the Volunteer Program at Bethany Services.

Volunteer Signature _____ Date _____

Signature of Parent/Guardian _____
(for youth under age 18)

For Office Use Only:

Start Date _____ Department Assigned _____

Schedule _____