



Adopt-a-Spot Program Application & Information



Please print all information clearly in ink.

Completion of the Adopt-a-Spot program application does not guarantee an approved agreement with the City of Milpitas. Qualified organizations are considered without regard to race, color, religion, sex, national origin, age, marital status, non-job related medical condition or disability. **Please return to: Milpitas Recreation Services, Attn: Volunteer Coordinator, 1325 E. Calaveras Blvd., Milpitas, CA 95035.** For more information please call (408) 586-3207.

Organization:

Please provide the organization's main contact person's information below:

Full Name: _____
Address: _____
City: _____ Zip Code: _____
Daytime Phone: (_____) _____ Evening Phone: (_____) _____
Email Address: _____

Availability & Assignment Request

How often would your group like to volunteer? _____

Please list times and days you are available to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Times available: _____

Please indicate the area or "spot" your organization is interested in adopting. If there is more than one area please list, in order of preference, in the space below.

DO NOT SIGN THIS DOCUMENT BEFORE YOU READ IT AS IT CONTAINS A WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND

I hereby give Milpitas Volunteer Services permission to request and obtain data pertinent to my volunteering at City of Milpitas programs for the individual named herein, and the California State Department of Justice if necessary. I also release from all liability or responsibility all persons and institutions supplying information. I certify that all statements made in this application are true and correct to the best of my knowledge, and I agree and understand that if I am accepted into the Milpitas Volunteer Partners program, any false statements may result in my dismissal.

I the undersigned do hereby agree to allow the individual named herein to participate in the Adopt-a-Spot Program and I further agree to indemnify and hold the City of Milpitas, its employees and contractors, harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this program. I also agree to grant full permission to the City of Milpitas to use my name and any photographs, videographs, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me. ***I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND I FULLY UNDERSTAND THAT, BY SIGNING BELOW, I AM WAIVING ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT A CLAIM AGAINST THE CITY OF MILPITAS FOR NEGLIGENCE.***

Signature of Applicant: _____ **Date:** _____