

# Volunteer Application



## Contact Information

Name
Local Street Address
City, ST Zip Code
Home Phone
Work Phone
E-Mail Address

## Availability

All KUBoK walks take place on Thursday, Friday and Saturday evenings from 10:30 p.m. to 2:30 a.m. during fall and spring semesters. If you have a preference for a certain day(s), please indicate below.

Thursday       Friday       Saturday       Any day is fine with me

## Interests (check all that apply)

Tell us in which areas you are interested in volunteering

Volunteer (night)

Contacting and Scheduling (daytime)

Fundraising (daytime)

Volunteer Event coordination

## Comments

Summarize concerns or comments you have about KUBoK Neighborhood Safety Watch. Include issues/challenges that could be addressed by KUBoK Neighborhood Safety Watch.

## Previous Experiences/Occurrences

Summarize specific previous experiences/occurrences that could have possibly been avoided by having a Kutztown Neighborhood Safety Watch.

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**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)
Signature
Date

**Our Policy**

It is the policy of this volunteer-based organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

***Thank you for completing this application form and for your interest in volunteering with KUBoK Neighborhood Safety Watch.***

**RELEASE OF ALL CLAIMS: COVENANT TO  
BOROUGH OF KUTZTOWN KUBoK PROGRAM**

I, the undersigned ("releaser"), being over the age of 18, have voluntarily chosen to participate in the Borough of Kutztown KUBoK Safety Watch Program.

I, \_\_\_\_\_, recognize the potential hazards of participation in the Borough of Kutztown's KUBoK Safety Watch Program and agree to assume all risks attendant to participation in the Borough of Kutztown's KUBoK Safety Watch Program.

For and in consideration of the training I will receive for the Kutztown KUBoK Safety Watch Program from the Borough of Kutztown Police Department, I hereby agree to release, acquit, and forever discharge the Borough of Kutztown, its officers, agents, and employees ("releasees"), in both their private and public capacities, from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, any and all known and unknown personal injuries and property damages, including any motor vehicle accidents on either public streets or private property, negligence claims and wrongful death claims, resulting or to result from my participation in the Borough of Kutztown KUBoK Safety Watch Program. I further agree and covenant, for the consideration provided above, not to file any claim, lawsuit or other proceeding, whether judicial or administrative, against the releasees for any personal injury, property damage, wrongful death or other injury suffered by me (including but not limited to any negligence claims and wrongful death claims) that may arise or result from my participation in the Borough of Kutztown's KUBoK Safety Watch Program.

I declare and represent that in making this release and covenant not to sue, it is understood and agreed that: I rely wholly upon my own judgment, belief and knowledge of the nature of my decision to participate in the Borough of Kutztown's KUBoK Safety Watch Program; and I have not been influenced to any extent whatever in making this release by any representations or statements made by the Borough of Kutztown, its officers, agents, and employees, in both their private and public capacities, who are hereby released; and I recognize and acknowledge that the Borough of Kutztown Police Department makes no warranties, express or implied, as to the Borough of Kutztown KUBoK Safety Watch Program; and I recognize and agree that while participating in the Borough of Kutztown Town Watch Program that I will not be an agent, servant, or employee of the Borough of Kutztown Police Department and will not be covered by the Borough of Kutztown Police Department for any worker's compensation, death, or disability benefits.

It is my express intention in signing this release to bind myself, my spouse, my heirs and my executors, administrators and assigns. This release is for the benefit of the Borough of Kutztown, its officers, agents, and employees, in both their private and public capacities, and all others who may be liable to me for damage to person or property arising out of my participation in the Borough of Kutztown's KUBoK Safety Watch Program. It is further agreed that the execution of this release shall not constitute a waiver by the Borough of Kutztown, its officers, agents and employees, in both their private and public capacities, of the defense of governmental immunity, when applicable, or any other defenses recognized by the courts of this State or any Federal court under state or federal law. Acceptance of this release is not to be construed as an admission of any liability whatsoever by the Borough of Kutztown, its officers, agents, and employees, in both their private and public capacities.

This release contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital. I, the undersigned, have carefully read the foregoing release and know and understand the contents thereof. I sign this release voluntarily as my own free act, with full knowledge of its significance, intending to be legally bound thereby.

\_\_\_\_\_  
Signature of releaser

\_\_\_\_\_  
Address of releaser

\_\_\_\_\_  
Telephone number of releaser

Dated: \_\_\_\_\_