



# Volunteer Application

Name
Local Street Address
City, ST Zip Code
Phone
E-Mail Address (required)

**KUBoK will contact you first through email. Please provide your primary email address.**

## **Availability**

All KUBoK walks take place on Thursday, Friday and Saturday evenings from 11:30 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

Please indicate how often you'd like to walk:

1 time per month       2 times per month       3 or more times per month       Other \_\_\_\_\_

If there are specific volunteers you would like to be scheduled with, please print their first and last names:

\_\_\_\_\_

If you are walking for class credit/extra credit please write your professor's name: \_\_\_\_\_

## **Interests (check all that apply)**

I am interested in volunteering as a:     Walking Volunteer (night)     Snack Provider     Event/Fundraiser Helper

## **Indicate your relationship to the Kutztown Community (check all that apply)**

I am currently a KU student     I am a KU faculty or staff member     I live in Kutztown  
 I live on campus at KU     I am a retired KU faculty or staff member     I am KU alumni

## **Agreement and Signature**

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

Name (printed)
Signature
Date

*It is the policy of KUBoK to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.*

Please return your completed application to the **Community Development Office at 324 W. Main Street**

**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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Preferred telephone number

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