



Pacific Grove Hyperbaric Chamber Volunteer Application

CONTACT INFORMATION

Name: _____

Email: _____

Address: _____

Cell Phone: _____ Work Phone : _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone: _____

EXPERIENCE & TRAINING

Highest level/types of diver certs: _____

Certifying Agency: _____ Year: _____

Diving experience: (check all applicable)

_____ *Search/Rescue* _____ *Commercial*

_____ *Planned Decompression* _____ *Technical*

Other: _____

Military/NOAA experience: _____

Diving-related seminars (date/agency): _____

Technical experience: _____



Medical training (1st responder, EMT, RN, etc.): _____

Current CPR Healthcare provider: _____

Most recent dive physical: _____

Previous chamber training/experience: _____

AVAILABILITY AND SCHEDULE

What is your current Work/School Schedule? _____

Are you available most weekends? _____

Are you available for late-night on-call? _____

What days & times are you never available? _____

Frequency of extended travel: _____

ADDITIONAL INFO:

Why are you interested in volunteering? _____

Signature: _____ **Date:** _____

INSTRUCTIONS: Please return completed application and Release form to Amy Colony, Program Manager at acolony@cityofpacificgrove.org.

For more information, please email the above email or call (831) 648-5722 x 4202.



City of Pacific Grove Volunteer Agreement and Release

Volunteer Agreement and Workers Compensation I hereby choose to provide services in the City of Pacific Grove's (City) volunteer program and understand that my services are donated to the City without expectation of compensation, benefits, or future employment. I understand I am covered under the City's workers' compensation insurance in the event of an injury from rendering a volunteer service. I will report any injury or incident to my supervisor immediately.

Assumption of Risk I understand the services I provide to the City may include activities that may be hazardous to me including, but not limited to involving inherently dangerous activities. I hereby expressly assume risk of injury or harm from these activities and release the City for all liability.

Release of Liability I hereby waive, release and forever discharge any and all claims for damages for bodily injury, personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in the volunteer program. This release is intended to discharge, in advance, the City, its officials, employees, agents, and volunteers from and against any and all liability arising out of, or connected in any way with, my participation. I further agree to indemnify, defend and hold the City, its officers, officials, employees, agents and volunteers harmless from any loss, liability, claim, damage, or expense which may incur as a result of my participation in the volunteer program. I expressly agree this Release is intended to be as broad and inclusive as permitted by California law and that this Release shall be governed by and interpreted in accordance with California law. I agree that in the event any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

COVID-19 Release of Liability: I am aware of the COVID-19 pandemic and related governmental orders, directives and guidelines (collectively "Directives"), including Directives for frequent hand washing, social distancing and use of face masks in public locations. I am aware that these volunteer activities are occurring in a public location during the COVID -19 pandemic and are therefore hazardous activities. I am aware that I could be infected, become seriously ill or even die due to COVID-19. I am aware that my family, friends and others with whom I have contact could be infected, become seriously ill or even die due to a COVID-19 infection that I may acquire and transmit by reason of my volunteer activities. I am voluntarily participating in these volunteer activities with knowledge of the danger involved and agree to assume those risks.

I HAVE READ, UNDERSTAND, AND WILL ABIDE BY THE ABOVE STATEMENTS.

Printed Name: _____

Volunteer Signature: _____ **Date:** _____

(Optional) Media Release and Authorization I hereby authorize the City and any news-gathering organization to publish my photograph, video and audio tape of me, with or without using my name, for use in news programming or electronic or print publication to be used in City Public Relations.

Volunteer Signature: _____ **Date:** _____