



# Rialto Police Department

## Explorer Application

Rialto Police Department  
 Address: 128 N. Willow Avenue  
 Rialto, CA 92376  
 Office: (909) 820-2578  
[COP@Rialtopd.com](mailto:COP@Rialtopd.com)

Thank you for your interest in the Rialto Police Department's Explorer Program. Knowing your skills, interests and availability will help us find the best assignment for you. Please complete this application as completely as possible.

As required by State law and City policy, all volunteers will be required to submit their fingerprints to the City of Rialto and receive clearance by the California State Department of Justice before the first day of the volunteer service.

### SECTION 1: PERSONAL

|   |  |            |        |                     |
|---|--|------------|--------|---------------------|
| 1. Name: Last                               |  | First      | Middle | Home Phone<br>( ) - |
| 2. Street Address, City, State and Zip Code |  |            |        |                     |
| 3. E-mail Address                           |  | Cell Phone |        | Work Phone<br>( ) - |

|                      |       |            |                |
|----------------------|-------|------------|----------------|
| 4. Driver's License# | Class | Expiration | Date of Birth: |
|----------------------|-------|------------|----------------|

5. Are there any medical or physical conditions that may require special accommodations? Yes No

If yes, please specify: \_\_\_\_\_

6. Are you currently working and/or volunteering for the City of Rialto? Yes No  
 If "yes", what Department: \_\_\_\_\_

7. Have you worked and/or volunteered for the City of Rialto previously? Yes No  
 If "yes", what Department: \_\_\_\_\_

8. Do you have any family members working for the City of Rialto? Yes No  
 If "yes", what Department: \_\_\_\_\_

### SECTION 2: PERSONAL REFERENCES: Family/Relatives

| 9.  | Name  | Address | Phone Number | Email |
|-----|---|---------|--------------|-------|
| 9.1 | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sibling <input type="checkbox"/> Other:_____ |         | ( ) -        |       |
| 9.2 | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sibling <input type="checkbox"/> Other:_____ |         | ( ) -        |       |
| 9.3 | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sibling <input type="checkbox"/> Other:_____ |         | ( ) -        |       |
| 9.4 | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sibling <input type="checkbox"/> Other:_____ |         | ( ) -        |       |

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**SECTION 2: PERSONAL REFERENCES: Friends/Co-workers**

| 10.  | Name | Address | Phone Number | Email |
|------|------|---------|--------------|-------|
| 10.1 |      |         | ( ) -        |       |
| 10.2 |      |         | ( ) -        |       |
| 10.3 |      |         | ( ) -        |       |
| 10.4 |      |         | ( ) -        |       |

**SECTION 3: EDUCATION**

11. Do you have a high school diploma, High School Equivalency Certificate, or California High School Proficiency Certificate?.....Yes No

**12. List High School(s) Attended**

|      |                     |                |              |   |
|------|---------------------|----------------|--------------|---|
| 12.1 | Name of High School | From (MM/YYYY) | To (MM/YYYY) | Did you graduate?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |                     | City           |              | State   |

|      |                     |                |              |   |
|------|---------------------|----------------|--------------|---|
| 12.2 | Name of High School | From (MM/YYYY) | To (MM/YYYY) | Did you graduate?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |                     | City           |              | State   |

**13. List of all Colleges And Universities Attended**

|      |                              |                     |              |  |
|------|------------------------------|---------------------|--------------|--|
| 13.1 | Name of College / University | From (MM/YYYY)      | To (MM/YYYY) | Units Completed<br>___ <input type="checkbox"/> QTR <input type="checkbox"/> SEM |
|      |                              | Address             |              | Degree Earned<br><input type="checkbox"/> Yes <input type="checkbox"/> No        |
|      |                              | City                | State        | ZIP  |
|      |                              | Major/Area of Study |              |  |

|      |                              |                     |              |  |
|------|------------------------------|---------------------|--------------|--|
| 13.2 | Name of College / University | From (MM/YYYY)      | To (MM/YYYY) | Units Completed<br>___ <input type="checkbox"/> QTR <input type="checkbox"/> SEM |
|      |                              | Address             |              | Degree Earned<br><input type="checkbox"/> Yes <input type="checkbox"/> No        |
|      |                              | City                | State        | ZIP  |
|      |                              | Major/Area of Study |              |  |

**14. List all Trade, Vocational, and Business Schools / Institutions Attended**

|      |  |                     |              |  |
|------|--|---------------------|--------------|--|
| 14.1 | Name of Trade, Vocational, and Business Schools / Institutions | From (MM/YYYY)      | To (MM/YYYY) | Did you complete the course?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |  | City                | State        | ZIP  |
|      |  | Major/Area of Study |              |  |

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15. Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school, college/university, business, trade school, or POST basic course/academy?.. Yes No

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, education institution, or POST basic course. Include Disciplinary action(s) occurred, name of school(s)/academy, and explanation of circumstances.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Have you been involved in or participated in school fights with another student/faculty member?..... Yes No

IF YES, explain circumstances.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. Since the age of 14 have you cheated on an exam or assisted another person in cheating on an exam, or participated in cheating on any POST exam?..... Yes No

IF YES, explain circumstances.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4: EMPLOYMENT**

| 18.        | Organization Name | Address        | Position Title | Date of Employment |
|------------|-------------------|----------------|----------------|--------------------|
|            |                   |                |                |                    |
| Supervisor |                   | Contact Number | Email          |                    |
|            |                   | ( ) -          |                |                    |
| Coworker   |                   | Contact Number | Email          |                    |
|            |                   | ( ) -          |                |                    |
| 18.1       | Organization Name | Address        | Position Title | Date of Employment |
|            |                   |                |                |                    |
| Supervisor |                   | Contact Number | Email          |                    |
|            |                   | ( ) -          |                |                    |
| Coworker   |                   | Contact Number | Email          |                    |
|            |                   | ( ) -          |                |                    |

| 19. Period of Unemployment (Check Applicable)  | From (MM/YYYY) | To (MM/YYYY) |
|--|----------------|--------------|
| <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____ |                |              |

Initial \_\_\_\_\_

|     |  |                              |                             |                              |
|-----|--|------------------------------|-----------------------------|------------------------------|
| 20. | Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 21. | Have you ever been fired, released from probation, or asked to resign from any place of employment?.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 22. | Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 23. | Have you ever quit without giving proper notice?.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 24. | Have you ever resigned in lieu of termination?.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 25. | Have you ever been accused of discrimination(such as sexual harassment, racial bias, sexual orientation, etc.) by a co-worker, superior, subordinate or customer ?.....              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 26. | Were you ever the subject of a written complaint at work that resulted in disciplinary action against you?.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 27. | Have you ever been counseled at work due to lateness or absences?.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 28. | Did you ever receive an unsatisfactory performance review?.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 29. | Have you ever sold, released, or given away legally confidential information?.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 30. | Have you ever called in sick when you were neither sick nor caring for a sick family member?.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 31. | IF YES, how many sick days have you ever in the past five years which were <b>not</b> due to illness? ____Days   |                              |                             |                              |

| SECTION 5: EXPLORER AVAILABILITY  |  |                |      |      |      |      |      |  |  |      |      |      |      |      |      |      |      |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |
|---|--|----------------|------|------|------|------|------|--|--|------|------|------|------|------|------|------|------|--|--|--|--|--|--|--|------|--|--|--|--|--|--|--|
| Please indicated how often you are available to volunteer:<br><input type="checkbox"/> Once a week <input type="checkbox"/> Twice a week<br><input type="checkbox"/> Daily <input type="checkbox"/> Other | <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="7">TIME AVAILABLE</th> </tr> <tr> <th></th> <th>Mon.</th> <th>Tue.</th> <th>Wed.</th> <th>Thu.</th> <th>Fri.</th> <th>Sat.</th> <th>Sun.</th> </tr> </thead> <tbody> <tr> <td>A.M.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>P.M.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | TIME AVAILABLE |      |      |      |      |      |  |  | Mon. | Tue. | Wed. | Thu. | Fri. | Sat. | Sun. | A.M. |  |  |  |  |  |  |  | P.M. |  |  |  |  |  |  |  |
| TIME AVAILABLE  |  |                |      |      |      |      |      |  |  |      |      |      |      |      |      |      |      |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |
|   | Mon.   | Tue.           | Wed. | Thu. | Fri. | Sat. | Sun. |  |  |      |      |      |      |      |      |      |      |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |
| A.M.  |  |                |      |      |      |      |      |  |  |      |      |      |      |      |      |      |      |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |
| P.M.  |  |                |      |      |      |      |      |  |  |      |      |      |      |      |      |      |      |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |

| Emergency Contact and Reference Information |              |           |
|---|--------------|-----------|
| Person(s) to contact in case of Emergency   | Relationship | Telephone |
| 1.  |              | ( ) -     |
| 2.  |              | ( ) -     |
| 3.  |              | ( ) -     |

**SECTION 6: LEGAL**

32. Have you ever been detained by law enforcement for investigation, arrested, indicted, or charged with any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)?.....Yes No

IF YES, explain each incident:

| Charge                 | Approximate Date (MM/YYYY) | Arresting or Detaining Agency |
|------------------------|----------------------------|-------------------------------|
|                        |                            |                               |
| Disposition or Penalty |                            |                               |
|                        |                            |                               |
|                        |                            |                               |
|                        |                            |                               |
|                        |                            |                               |
|                        |                            |                               |
|                        |                            |                               |
|                        |                            |                               |
|                        |                            |                               |

| Charge                 | Approximate Date (MM/YYYY) | Arresting or Detaining Agency |
|------------------------|----------------------------|-------------------------------|
|                        |                            |                               |
| Disposition or Penalty |                            |                               |
|                        |                            |                               |
|                        |                            |                               |
|                        |                            |                               |
|                        |                            |                               |
|                        |                            |                               |
|                        |                            |                               |
|                        |                            |                               |
|                        |                            |                               |

32. Have you ever been placed on court probation?.....Yes No

33. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? (You may answer “no” if your juvenile record has been sealed or expunged by juvenile court).....Yes No

34. Have you EVER engaged in activities or behavior that could otherwise be categorized as criminal activity that would lead to a detention or investigation by a law enforcement agency (misdemeanor or felony)?.....Yes No

35. Have the police ever been called to your home for any reason?.....Yes No

If you answered "YES" to any of the questions on the previous page, explain (include court case or document, dates, and circumstance—reference corresponding numbers). If more space is needed, continue your response on page 10.

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36. Have you committed any of the following acts?

|       |   |  |
|-------|---|--|
| 36.1  | Animal abuse and/or neglect   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.2  | Annoying, obscene, or harassing contacts by telephone or other electronic communication device                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.3  | Battery (use of force or violence upon another)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.4  | Brandishing a weapon (any type of weapon)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.5  | Carrying a concealed weapon on school grounds   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.7  | Contributing to the delinquency of a minor  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.8  | Defrauding an innkeeper (not paying for food or room at a hotel/motel campground, etc.)                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.9  | Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.10 | Filing a false police   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.11 | Hit & run collision (no injuries)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.12 | Illegal gambling  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.13 | Impersonating a peace officer (pretending to be a police officer)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.14 | Indecent exposure and/or lewd or obscene conduct  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.15 | Joyriding (using a car or other vehicle without owner's permission)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.16 | Petty theft (value up to \$950, including shoplifting/switching price tags/under ringing)                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.17 | Possession of stolen property   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.18 | Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.19 | Reckless driving  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.20 | Trespassing   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.21 | Vandalism   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36.22 | Any other act amounting to a misdemeanor  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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37. At any time in your life, have you EVER committed any of the following acts?

|       |  |  |
|-------|--|--|
| 37.1  | Arson (intentionally destroying property by setting a fire)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.2  | Assault with a deadly weapon (struck or threatened to strike someone likely to cause great bodily injury or death) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.3  | Blackmail or extortion   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.4  | Burglary (entering a structure or vehicle to commit theft or other crime)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.5  | Child molestation (performing unlawful acts with a child, inappropriate touching of a child)                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.7  | Elder abuse and/or neglect (physical and/or financial)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.8  | Elder abuse and/or neglect (physical and/or financial)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.9  | Embezzlement (theft of money or other valuables entrusted to you)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.10 | Felony drunk driving (involving injuries)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.11 | Felony illegal sex acts  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.12 | Forcible rape  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.13 | Forgery (falsifying any type of document, check certificate, license, currency, etc)                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.14 | Fraudulent use of a credit, ATM, debit, and/or check card  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.15 | Grand theft (value of over \$950, automobile, any firearm)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.16 | Hit & run (with injuries)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.17 | Hate crime   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.18 | Murder, homicide, attempted murder, or assault with intent to commit murder  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.19 | Perjury (lying under oath)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.20 | Possession of an explosive/destructive device  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.21 | Robbery (theft from another person using a weapon, force, or fear)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.22 | Stalking   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.23 | Theft of a vehicle and/or vehicle parts  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.24 | Viewing and/or possessing child pornography  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37.5  | Any other act amounting to a felony  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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If you answered "YES" to any of the questions on the page prior, please fully explain circumstances including dates, names of individuals involved, and resolution. If more space is needed, continue your response on page 10.

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**SECTION 7: ILLEGAL USE OF DRUGS**

\*For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high"

\*Your responses should include – **but not be limited to** – your use of any of the following:

- Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc.)
- Barbiturates (Downers)
- Cocaine / Crack Cocaine
- Designer Drugs (Ecstasy, Synthetic Heroin, etc.)
- GHB (Date Rape Drug)
- Hallucinogens (Peyote, LSD, Mushrooms)
- Hashish / Hashish Oil
- Heroin / Opium
- Marijuana (with or without a prescription)
- Mescaline
- Morphine
- PCP / Angel Dust
- Quaaludes
- Steroids
- Tetrahydrocannabinol (THC)
- Glue, paint, or any substance containing toluene

38. Within the past six months, have you used any drug(s) as indicated above?.....Yes No

If YES, give details including drug(s) used, most recent date used and circumstances:

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39. Prior to the past six months:

- I have never used any drug recreationally
- I have tried or used one or more drugs, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.)

IF YOU CHECKED BOX 2, give details including drug(s) used, most recent date used, and circumstances:

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Initial \_\_\_\_\_



40. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or drugs without prescription? Yes No **If YES, indicate which activities (mark all that apply):**

- Sold  Manufactured  Purchased  Furnished  Cultivated  Carried or Held for another

IF ANY ITEM IS CHECKED, give details including **drug(s) used , most recent date used, and circumstances**

42. During the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?.....Yes No

IF YES, explain:

**SECTION 8: OTHER**

- |     |  |                              |                             |
|-----|--|------------------------------|-----------------------------|
| 43. | Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? .....                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 44. | Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 45. | Have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 46. | Do you have, or have you ever had, a tattoo signifying membership in, affiliation with, a criminal enterprise, street gang, or other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**SECTION 9: CERTIFICATION**

47. *I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and completed to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.*

Signature in Full: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Initial \_\_\_\_\_







Lined writing area with 25 horizontal lines.



# City of Rialto

## AGREEMENT AND RELEASE REGARDING VOLUNTARY SERVICES

I, \_\_\_\_\_, hereby acknowledge that I have voluntarily applied to participate in performing certain services for the Rialto Police Department. I am voluntarily participating in these activities with the knowledge that there is some risk that I may be injured in the course of performing these services. I have been advised that the City of Rialto policy is to cover volunteers as employees of the City for the purposes of Workers' Compensation Benefits. I also understand that under Workers' Compensation Laws, Workers' Compensation Benefits will be the sole and exclusive remedy in the event I am injured while performing these volunteer activities and services.

With the exception of Workers' Compensation Benefits as described above, I hereby agree that I, my heirs, guardians, legal representatives and assignee(s) will not make a claim against or file an action against the City of Rialto, its officers, employees, or agents for injury or damage resulting from negligence, howsoever caused by any officer, employee, or agent of the City of Rialto as a result of my participation in this volunteer activity or service. In addition, I hereby release and discharge the City of Rialto, its officers, employees, or agents from all actions, claims and demands that I, my heirs, guardians, legal representatives or assignee(s) now have or may hereafter have for injury or damage resulting from my participation in these volunteer activities or services.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.**

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian if volunteer is a minor:** \_\_\_\_\_

**Witness Signature (City Employee):** \_\_\_\_\_