



**PERSONAL INFORMATION**

*Please complete all sections.*

**Full Name:** \_\_\_\_\_

**Preferred First Name:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**CURRENT LEVEL OF EDUCATION**

*Please indicate your highest level of education.*

High school (GED) \_\_\_\_\_

College Degree (Bachelor)

Graduate Degree (Master)

**Current University** \_\_\_\_\_

**Current Major or Program of Study** \_\_\_\_\_

**Projected Graduation Date** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

*Please complete all sections.*

**Full Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_



**CITY OF NEW ORLEANS**

*Volunteers in Government (VIGOR)*

**Hold Harmless and Liability Agreement**

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I, \_\_\_\_\_ (print name), am volunteering with the City of New Orleans ("City") for the following office: \_\_\_New Orleans Medical Reserve Corps\_\_\_\_\_. As a volunteer, I understand that I will not be paid for my services nor will I be considered an employee or agent of the City of New Orleans ("City"). I understand that I am covered by the City's Accident and Death Insurance for Volunteers in Government (VIGOR) for these services. I will not be eligible for the City's worker's compensation insurance program nor its unemployment or health insurance benefits programs. I will act only in the capacity to which I have been trained and/or in the duty assignment I have been provided by the VIGOR coordinator. If I have specialized training not related to my volunteer activities, and choose to use this unrelated training while on duty as a volunteer, I recognize that the City is not responsible for my actions. Notwithstanding the foregoing, I will perform my duties with prudence, diligence and in a responsible manner. I further understand that the City will not hold me responsible for any damage I may cause to City property or to the third parties or their property as a result of my assistance. I agree that I shall be liable for any intentional wrongful acts or gross negligence I commit while serving as a volunteer. The City will not be held responsible for any criminal acts that I may commit while volunteering. I also understand that any sponsoring organizations associated with the volunteer activity are not affiliated with the City of New Orleans and are not City departments, agencies, boards, commissions, or City non-profit 501 (c) (3) organizations.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Volunteer

\_\_\_\_\_  
Volunteer's Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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**TO BE COMPLETED BY VIGOR**

\_\_\_\_\_  
Received by: (print name)

\_\_\_\_\_  
Date