

WW SHOVELS PROGRAM

VOLUNTEER FORM

I, (Please print full name clearly) _____,
AGREE TO BE A VOLUNTEER – SHOVELING SNOW AND SALTING DRIVEWAYS FOR SENIOR
CITIZENS/DISABLED IN WEST WILDWOOD, AND I DO NOT AND WILL NOT HOLD THE CITY OF
WEST WILDWOOD/WW SHOVELS PROGRAM LIABLE FOR ANY INJURY OF ANY NATURE
WHATSOEVER SUSTAINED BY ME WHILE I WAS ENGAGED IN SNOW SHOVELING AND SALTING
ACTIVITIES WHILE PARTICIPATING IN THE WW SHOVELS VOLUNTEER SNOW SHOVELING
PROGRAM, AND THE UNDERSIGNED FURTHER AGREES TO INDEMNIFY, SAVE AND HOLD THE
BOROUGH OF WEST WILDWOOD AND WW SHOVELS PROGRAM HARMLESS FROM ANY AND ALL
CLAIMS, DEMANDS, LOSSES, DAMAGES, AND LIABILITIES FOR INDEMNITIES, CONTRIBUTION OR
OTHERWISE WITH RESPECT TO ANY DAMAGE AND/OR INJURY OF ANY NATURE WHATSOEVER,
ARISING FROM THE MY PARTICIPATION IN THE BOROUGH OF WEST WILDWOOD'S WW SHOVELS
VOLUNTEER SNOW SHOVELING PROGRAM.

APPLICANT SIGNATURE

DATE

PHONE NUMBER: _____

ADDRESS: _____

RETURN ALL COMPLETED CONSENT FORMS TO:

WEST WILDWOOD ADMINISTRATION OFFICE
ATTN: CLERK'S OFFICE
701 WEST GLENWOOD AVENUE
WEST WILDWOOD, NJ 08260