



Hidden Valley Lake Community Services District

Personnel Committee

Agenda

DATE: February 7, 2020
TIME: 11:00 AM
PLACE: Hidden Valley Lake CSD
Administration Office,
19400 Hartmann Road
Hidden Valley Lake, CA

- 1) CALL TO ORDER
- 2) PLEDGE OF ALLEGIANCE
- 3) ROLL CALL
- 4) APPROVAL OF AGENDA
- 5) REVIEW and DISCUSS: Employee Handbook
- 6) REVIEW and DISCUSS: Volunteer Service Agreement
- 7) REVIEW and DISCUSS: Release of Liability Wavier
- 8) PUBLIC COMMENT
- 9) COMMITTEE MEMBER COMMENT
- 10) ITEMS FOR NEXT AGENDA
- 11) ADJOURN

Public records are available upon request. Board Packets are posted on our website at www.hvllcsd.org/Meetings.

In compliance to the Americans with Disabilities Act, if you need special accommodations to participate in or attend the meeting please contact the District Office at (707) 987-9201 at least 48 hours prior to the scheduled meeting.

Public shall be given the opportunity to comment on each agenda item before the Governing Board acts on that item, G.C. 54953.3. All other comments will be taken under Public Comment.



VOLUNTEER INFORMATION

PLEASE PRINT NEATLY!

Name _____ Phone (1) _____ Phone (2) _____

Email _____

Address _____ City _____ Zip _____

Organization or School _____ Grade _____

Physical or Working Condition Limitations _____

EMERGENCY CONTACT

Name _____ Relation _____ Phone (1) _____

Address _____ Phone (2) _____

I am 18 years or older

OR

I am under 18 and my parent/guardian has signed below

SERVICE AGREEMENT

I will comply with all policies, rules, regulations, directives and instructions. I understand that instructions for safety will be given before each project is started. I understand I am an unpaid volunteer for Hidden Valley Lake Services District Community Services District (HVLCSO). I have read and agree to the following policies and conditions:

- I understand that this program may involve physical labor. I understand that I may be outdoors where natural hazards, such as poison-oak, uneven terrain, and changing weather may be encountered. HVLCSO staff will try to minimize the Participant's exposure to such hazards and will provide safety instructions before each project is started.
- I understand that HVLCSO holds its volunteers to the highest standards of personal behavior and any behavior that the District finds unacceptable is grounds for the immediate ending of the volunteer's participation.
- HVLCSO, its partner agencies, its staff members and volunteers can take photographs of the volunteer in connection with this program. HVLCSO and its partners may use and publish these photos in print and/or electronically for the purposes such as publicity, advertising and internet content.
- If the volunteer operates a private motor vehicle as part of their volunteer activities, they must file a certification of insurance coverage and mechanical safety of the vehicle.
- I agree to hold harmless, defend and indemnify HVLCSO, its officers, agents, employees, partners and volunteers from any and all liability and claims of any kind, including attorney's fees and costs, arising out of or in connection with Volunteer Program activities and my volunteer activities for that program.

HVLCSO reserves the right to end a volunteer's service at any time.

Volunteer Signature

Date

PARENTAL PERMISSION

I, the parent/guardian of the above participant, do hereby give my permission for this youth to participate in the Hidden Valley Lake Community Services District's Volunteer Program. I understand that the program will have competent adult supervision and appropriate measures will be made to minimize the risk of injury. I understand that my signature acknowledges that this applicant is in good health and gives my consent for the Hidden Valley Lake Community Services District to arrange for emergency medical care and/or treatment that may be necessary for my child. I agree to hold harmless, indemnify and defend HVLCSO its officers, agents, partners, and employees from any and all liability arising out of or as a result of my child's participation in the HVLCSO Volunteer program.

Parent/Guardian Name _____ Phone _____

Other Emergency Contact or Physician _____ Phone _____

Parent/Guardian Signature

Date

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.

YOU ARE NOW A MEMBER OF THE VOLUNTEER PROGRAM FOR HIDDEN VALLEY LAKE COMMUNITY SERVICES DISTRICT-

WELCOME TO A GREAT TEAM!!!



**HIDDEN VALLEY LAKE COMMUNITY SERVICES DISTRICT
WASTEWATER TREATMENT PLANT PUBLIC TOUR ATTENDEES**

**ASSUMPTION OF RISK, WAIVER OF
LIABILITY AND HOLD HARMLESS
AGREEMENT**

EXPRESS ASSUMPTION OF THE RISK

I understand that participation in a public tour of the Hidden Valley Lake Community Services District Wastewater Treatment Plant located at 18896 Grange Road Middletown Ca. 95461 involves an element of risk and the possibility of bodily injury or property damage, and I agree to assume all such risks.

RELEASE AND WAIVER OF LIABILITY

I agree to release the Hidden Valley Lake Community Services District, its officers, employees, agents and volunteers from any and all liability arising out of or resulting from my (or my child's) participation in this tour

INDEMNITY AND HOLD HARMLESS

I agree to indemnify (compensate for damages) and hold the Hidden Valley Lake Community Services District harmless from any loss, liability, damage, cost or expense, including litigation or attorney fees, arising out of or connected in any way with my (or my child's) participation in this tour.

ACKNOWLEDGEMENT

I have carefully read this document and understand that it is a release of all liability and an assumption of all risk inherent in a public tour of the Hidden Valley Lake Community Services District Wastewater Treatment Plant. I am fully aware of the legal consequences of signing this document and voluntarily sign my name evidencing my acceptance of the above provisions.

If the attendee is a minor, this form must be signed by a parent or legal guardian.

(Signature of Attendee or Parent)

(Date)

(Print Name of Attendee)

Age of Attendee if under 18)

(Street Address)

(City, State, Zip Code)

(Phone number)

(Email Address)