TEEN JOB BANK WORK REQUEST FORM FOR RESIDENT

Resident Name: _____ Telephone number: ____-____-_____

Address: _____

Section in City of Bowie where you reside: _____

E-mail address: _____

Type of work needed: _____

[SERVICE(S) OFFERED: babysitting, pet sitting, lawn and yard work, odd jobs, housework, grocery shopping, typing/computer work, painting, shoveling snow, minor construction, etc. by teens aged 13-18].

After you have received names of teens from the Teen Job Bank, Bowie Youth and Family Services (BYFS) will contact you for your feedback regarding the service. If you have any questions, please contact BYFS at 301-809-3033.

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PLEASE READ CAREFULLY BEFORE SIGNING, AS THIS DOCUMENT CONTAINS STATEMENTS THAT MAY AFFECT YOU RIGHTS AND OBLIGATIONS IN THE EVENT OF INJURY OR PROPERTY DAMAGE.

I, the undersigned, acknowledge and agree that I participate in the City of Bowie Teen Job Bank program at my sole risk and that the City of Bowie, Maryland (hereinafter, "the City"), and its servants, agents, employees and officials, shall not be liable to me for any claims, demands, damages, actions, or causes of action, for injury to my person or property arising out of or in connection with my participation in the Teen Job Bank program.

Further, I expressly waive, release, and discharge the City, and its servants, actions, or causes of action, for injury to my person or property as a consequence of the active or passive negligence or willful misconduct by the city, and/or its servants, agents or employees, arising out of or in connection with my participation in the Teen Job Bank program.

I further agree that I will indemnify and hold the City, and its servants, agents, employees and officials, harmless from and against any and all claims, demands, liabilities, injuries, damages, loss, expense, actions, or causes of action, that they may incur, including attorneys' fees, for property damage or personal injury sustained or allegedly sustained by myself or a third party arising out of or in connection with my participation in the Teen Job Bank program.

_____ _____

Teen Job Bank Resident Participant Signature Date

_____

Printed Name

Alternative versions of this publication are available upon request. Please call 301-809-3033.