



221 N. Main St. • Centerville, OH 45459-4617
(937) 433-5155 • FAX (937) 433-6564 • www.cwpd.org

Adult Volunteer Application

Personal

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone (_____) _____ Cell (_____) _____

Email Address _____

Are you over 18? Yes No What date are you available to begin volunteering? _____

Have you ever been convicted of a felony? Yes No If yes, note dates and disposition of case below:

(Please note: A conviction record will not necessarily disqualify an applicant. It will be considered as it relates to the specifics of the position you are applying for.)

Please indicate below the type of volunteer work you are interested in (check all that apply):

- Winter Woods Haunted Trail Adult Nature Programs Grounds Care
- Hidden Meadows Mini Trail Children's Nature Programs Trail Work
- Spring Break Day Camp Photography Program Assistance Woodworking
- Summer Rec Program Special Events Bluebird Box Monitoring Litter Control

How did you hear about our volunteer program? _____

Why do you want to do volunteer work? _____

List special training, skills, or certifications that would be helpful to CWPD _____

What are your interests, hobbies, and talents? _____

Education

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE (INCLUDE JUNIOR AND COMMUNITY)		MAJOR DEGREE	
TECHNICAL			
OTHER			

References

Please list three responsible people who have a knowledge of your character, experiences, and abilities. Do not include relatives.

NAME	ADDRESS	TELEPHONE	OCCUPATION

Answers to application questions will be utilized for applicable, job related information only and will not be released to any other organization or volunteers without your consent.

I certify that the statements contained herein are true to the best of my knowledge. I understand that falsification of any answers or any failure to answer any question contained herein is cause for dismissal from volunteering with the Centerville-Washington Park District.

I understand and agree that the Park District may make a thorough investigation of my past and current employment and activities (including but not limited to motor vehicle operator and police record investigation) and I release from liability or responsibility all persons or organizations supplying such information. All information is subject to verification.

I agree to abide by the rules and regulations of the Centerville-Washington Park District where I do volunteer service. I will be dependable and perform my service unselfishly and to the best of my ability.

In consideration of your accepting my entry, I hereby, release, indemnify, and hold harmless the Centerville-Washington Park District, its Commissioners, Agents, Employees and Assignees from any and all liability claims, actions, demands and judgments arising out of injury or loss sustained by me while participating in activities or using facilities of the Centerville-Washington Park District.

Name _____ Signature _____ Date _____

In Case of Emergency Notify:

Name _____

Relationship _____

Address _____

Telephone (_____) _____
