



221 N. Main St. • Centerville, OH 45459-4651
(937) 433-5155 • FAX (937) 433-6564 • WWW.CWPD.ORG

Youth Volunteer Application

Personal

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone (_____) _____ Date of Birth: _____ Age: _____

School Attending: _____ Grade: _____ Year of Graduation: _____

What date are you available to begin volunteering? _____

Are you over 14? Yes No Parents' or guardians' full names: _____

When are you available? Summer months During the school year

Do you have relatives employed at the Park District? Yes No

If yes, Name: _____ Relationship: _____ Job Title: _____

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? _____

References

Please list three responsible people who have a knowledge of your character, experiences, and abilities.
(Coach, Pastor, Sunday School Teacher, Youth Leader, School Teacher, etc.)

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, that I will be dependable and perform my service unselfishly and to the best of my ability.

Signature _____

Date _____

Volunteer Parental Consent

Child's Name: _____

I understand that my child has applied for a volunteer position at the Centerville-Washington Park District. He/she has read and thoroughly understands the policy and procedures of the volunteer program. He/she is to report to the supervisor of the assigned area or chosen department, start work upon arrival on the grounds, and perform the duties in a professional manner. Any required disciplinary measures will not be taken without the knowledge of the parents or legal guardian. It is my understanding that all absences must be reported to the Park District Headquarters at 433-5155.

In consideration of your accepting my child's entry, I hereby, for my child, 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 my child while participating in activities or using facilities of the Centerville-Washington Park District.

Date

Signature of Parent or Legal Guardian