

Adult Volunteer Application



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

Date _____

Personal Information

Name _____
last first middle

Address _____
street city state zip

Primary Phone _____ Cell Phone _____ Other _____

Email Address _____

Date Available _____ Are you currently over 18? Yes No

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):

- | | | | |
|---|--|---|--------------------------------------|
| <input type="radio"/> Adult Programs | <input type="radio"/> Natural Resource/
Conversation Assistance | <input type="radio"/> Office Volunteer | <input type="radio"/> Photography |
| <input type="radio"/> Children's Programs | <input type="radio"/> Nature Programs | <input type="radio"/> Outdoor Maintenance | <input type="radio"/> Special Events |
| <input type="radio"/> Fitness Programs | | <input type="radio"/> Park Ambassador | <input type="radio"/> Other _____ |

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? _____

Please check the times of day you are usually available to volunteer.

- Weekday Mornings
 Weekday Afternoons
 Weekday Evenings
 Weekends

Education

Name and Location	Years Completed	Did You Graduate?	Course of Study
HIGH SCHOOL			
COLLEGE (INCLUDE JUNIOR AND COMMUNITY)			
TECHNICAL			
OTHER			

Employment History

NAME OF EMPLOYER	PHONE	FULL-TIME <input type="radio"/> PART-TIME <input type="radio"/> SEASONAL <input type="radio"/> FROM _____ TO _____
ADDRESS street city state zip	JOB TITLE	

SUMMARY OF DUTIES AND RESPONSIBILITIES

NAME OF EMPLOYER	PHONE	FULL-TIME <input type="radio"/> PART-TIME <input type="radio"/> SEASONAL <input type="radio"/> FROM _____ TO _____
ADDRESS street city state zip	JOB TITLE	

SUMMARY OF DUTIES AND RESPONSIBILITIES

References

Name	Email Address	Occupation	Phone

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. The Centerville-Washington Park District has the right to refuse volunteer service at their discretion.

I acknowledge that I am volunteering to assist the Centerville-Washington Park District and understand that as a volunteer that I will not be compensated for my donated services. I am not eligible for any workers' compensation benefits and I am not covered by any medical insurance in the event that I become injured while volunteering and the Centerville-Washington Park District cannot be held liable. 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.

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.

Signature _____ Date _____

In Case of Emergency Notify:

Name _____ Relationship _____

Address _____ Telephone _____