

Youth Volunteer Application



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

Date _____

Personal Information

Name _____
last first middle

Address _____
street city state zip

Primary Phone _____ Cell Phone _____ Other _____

Email Address _____

Date Available _____ Parent or guardian's full name(s) _____

When are you available? Summer months? ☐ During school year? ☐

Do you have relatives employed by the park district? Yes ☐ No ☐ If yes, note name, relationship and job title below:

Name _____ Relationship _____ Job Title _____

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

- | | | | |
|--|---|--|------------------------------------|
| <input type="radio"/> Adult Nature Programs | <input type="radio"/> Haunted Trail | <input type="radio"/> Program Assistance | <input type="radio"/> Winter Woods |
| <input type="radio"/> Bluebird Box Monitoring | <input type="radio"/> Hidden Meadows Day Camp | <input type="radio"/> Special Events | <input type="radio"/> Woodworking |
| <input type="radio"/> Children's Nature Programs | <input type="radio"/> Litter Control | <input type="radio"/> Summer Rec Program | <input type="radio"/> Other _____ |
| <input type="radio"/> Grounds Care | <input type="radio"/> Photography | <input type="radio"/> Trail Work | |

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

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 _____

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.

Signature _____ Date _____