



Volunteer Application

Name: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home #: _____ Work #: _____ Cell #: _____

Birth Date: ____/____/____ Do you speak any languages other than English? _____

List all States in which you have lived within the last 10 years: _____

Occupation: _____ Employer: _____

Hobbies: _____

Education/special training: _____

License(s): _____

Professional Certifications: _____

Are you: CPR certified? Yes No Expires: _____ First Aid certified? Yes No Expires: _____

Relevant Experience (paid or volunteer) _____

Why are you interested in volunteering: _____

Availability:

What days are you available to volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time of day is best? Mornings _____ Afternoons _____ How many hours available? _____

Will you be volunteering to fulfill any kind of obligation and/or requirement? Yes No

If yes, how many hours? _____ What organization? _____

How did you hear about volunteer opportunities with LPRD:

Website Facebook Flyer Word-of-Mouth Publication: _____ Other _____

Personal References:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____

Thank you for your interest in volunteering for the La Pine Park & Recreation District!

The La Pine Park & Recreation District's programs, services, employment opportunities, and volunteer positions are open to all persons without regard to race, religion, color, national origin, sex, age, marital status, disability, or political affiliation.

All volunteers will be subject to a background check. Please refer to the attached release of information form.

Consent and Liability Waiver

The undersigned does hereby release and discharge La Pine Park and Recreation District (LPRD), it's employees, including independent contactors, agents, officers, and directors for any and all claims, demands, causes of action, damage, loss of services, costs and expenses in any way resulting from any and all injury to person or property arising directly or indirectly out of the volunteer's participation in LPRD activities, including any negligence on the part of LPRD, it's employees or agents.

Further, the undersigned agrees to indemnify and hold forever harmless LPRD, it's employees, including independent contactors, agents, officers, and directors from any and all injuries, damages, costs, attorney's fees whatsoever which may arise out of the volunteer's participation in LPRD activities, including any negligence on the part of LPRD, it's employees or agents.

The undersigned further consents and authorizes the representatives if LPRD on the undersigned's behalf to obtain any necessary medical treatments or hospitalization or such other care necessary for the health and welfare of the named volunteer, and the undersigned agrees to be responsible for and pay the costs of such medical treatment or hospitalization. This release of liability and indemnification agreement shall be binding on the heirs, successors and personal representatives of the volunteer and undersigned.

I have read the foregoing release of liability and the indemnification agreement and acknowledge that the provisions are contractual and not a mere recital, and I understand I am bound by the terms hereof by placing my signature hereon.

Media Release

I hereby authorize LPRD to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions). Further, I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by LPRD (I understand that I may be identifiable from such photographic or electronic reproduction). I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. Initial here if you do not agree to this _____

Signature: _____ Date: _____

For Office Use

Received on: _____ By: _____ Background Check ran on: _____ By: _____

Approved: Yes No Volunteer notified on: _____ By: _____