



Volunteer Application

Basic Information:

Name: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____

Other Phone: _____

Email: _____

Birthday: _____

T-shirt Size: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Cell Phone: _____

Other Phone: _____

Availability:

Weekdays: Yes or No

(circle one)

Weekends: Yes or No

(circle one)

Morning Afternoon Evening

(Circle All Available For)

Interested in the Following

Positions: (please circle all the apply)

- Administration
- Citizen Scientist
- Education Program Assistant
- Education Program Presenter
- Natural resources/Operations
- Trail Patrol
- Special Events and Marketing

Please share more on what you are interested in doing as a Park District Volunteer:



Photo/Video Release Form

I hereby give permission of Pickaway County Park District and its related agencies (Friends of Pickaway Parks and Trails) to utilize photographs or videos of me and/or my children or grandchildren, of which I am a legal guardian, on all media, including but not limited to, web site, social media sites, brochures, published advertisements, or promotional items. I understand these photos or video and information may also be shared with outside media such as newspapers and television outlets.

Name of Volunteer
(Please Print)

Age
(Optional)

City and State

Email Address
(if you want an electronic copy)

Signature – Parent/Custodian if under 18 years old

Relationship

Volunteer's Signature _____ Date _____



VOLUNTEER AGREEMENT

I agree to volunteer for the Pickaway County Park District and am aware that working with various materials and equipment may be hazardous. I am participating in this activity knowing that there is danger involved and agree to assume any and all risks of injury, death, or property damage resulting from this activity. This agreement will remain in effect while I serve as a volunteer with the Pickaway County Park District.

I understand that, if I am injured while volunteering, I am responsible for medical costs incurred and I hereby authorize the Pickaway County Park District to seek emergency medical treatment on my behalf.

I agree that my heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, attach to the property of, or prosecute the Pickaway County Board of Commissioners, Pickaway County Park District or any of its affiliated organizations, employees, and/or volunteers for any injury, death or property damage occurring to me as a result of my participation, whether caused by the negligence of the above referenced county governmental units, its employees or assigns. I agree for myself and my heirs, distributees, guardians, legal representatives, and assigns that if any claim for personal injury, death, or property damage is prosecuted against the county governmental units or any of its affiliated organizations, I agree to indemnify and hold harmless the county governmental units or any of its affiliated organizations, from any and all claims or causes of action by whomever made and wherever presented.

I understand the materials and tools provided by the Park District are and remain the property of the Park District.

I do further agree that the Pickaway County Park District, its employees or assigns reserve the right to terminate my participation at any time for no cause.

Signature: _____ Date: _____

Email Address: _____ (if you want an electronic copy)



Acknowledgment of Volunteer Handbook

By Signing below, you are acknowledging that you have received the Volunteer Handbook, have reviewed it with the Volunteer Coordinator and understand of the information in this Handbook.

By Signing below, you are also agreeing to the rules and policies provided in the Volunteer Handbook. You are also agreeing to complete at your minimum of number of volunteer hours and agree to go through the required Background Check.

Signature: _____ Date: _____

Email Address: _____ (if you want an electronic copy)