



Huron Parks and Recreation Volunteer Application



1. PERSONAL INFORMATION

Name: _____ Date of Birth: ____/____/____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
 Email: _____ Male _____ Female _____ Retired

2. EMERGENCY CONTACT

Name: _____ Relationship _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone (____) _____ - _____ Cell Phone: (____) _____ - _____

3. CRIMINAL HISTORY

Convicted of a crime: ___ Yes ___ No Type of Crime: _____ Misdemeanor _____ Felony
 Huron Parks and Recreation reserves the right to conduct a background check prior to volunteering.

4. AVAILABILITY

Monday: _____ AM to _____ PM _____ None	How often would you like to volunteer? _____ Weekly _____ Monthly _____ Occasionally
Tuesday: _____ AM to _____ PM _____ None	
Wednesday: _____ AM to _____ PM _____ None	
Thursday: _____ AM to _____ PM _____ None	
Friday: _____ AM to _____ PM _____ None	
Saturday: _____ AM to _____ PM _____ None	
Sunday: _____ AM to _____ PM _____ None	

Mail volunteer form to:
 Huron Parks and Recreation
 417 Main St.
 Huron, OH 44839

Questions? Call 419-433-8487
 Visit us on the web at cityofhuron.org



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5. VOLUNTEER INTERESTS

ADMINISTRATIVE

- Volunteer Coordinator
- Graphic Arts
- Mailings

PARK MAINTENANCE

- Gardening
- Litter Pick Up
- Landscape Improvements
- Painting

OTHER NEEDS

- Children's Program Assistant
- Entertainment, Singing, Musician
- Pumpkin Festival
- Christmas with Santa
- Special Events
- Breakfast with the Easter Bunny
- Face Painting/Drawing
- Photography
- Mascot: Blinky
- Character: Easter Bunny

Please let us know of any other interests, skills or talents that you may have and would like to share!

Do you have any special needs, requirements or considerations?



Huron Parks and Recreation Volunteer Application Volunteer Waiver & Release Form



Participants Name: _____ Date of Birth: ____/____/____

Parent/Guardian's Name : _____ (if under 18 years of age)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Please read completely and sign below

Waiver for Participation

I recognize and acknowledge that there are certain risks of physical injury to volunteers in the above position (s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity, which I or my child/ward may sustain as a result of volunteering in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the City of Huron and its officers, agents, servants, and employees as a result of participating in any of the above program(s). I hereby fully release and discharge the City of Huron and its officers, agents, servants, and employees from any and all claims from injuries, damages, or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s)/services. I further agree to indemnify and hold harmless and defend the City of Huron and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, losses sustained by me or my child/ward, and arising out, connected with, or in any way associated with the activities of the program(s)/ services. I have read and fully understand the above program details and waiver and release of claims. I understand and agree that I or my child/ward will receive no worker's compensation from the City of Huron.

I understand that I or my child may be photographed or videotaped while volunteering in the above program(s). I give permission for photos and videotapes of me or my child to be used to promote the City of Huron and its Parks and Recreation Department and such photos and video will be the property of the City of Huron.

In the event of an emergency requiring medical treatment, I give my permission to the program instructor, coach, and/or league director to obtain medical treatment they feel is necessary and to call the local EMS if necessary. I understand that no medical or accidental insurance will be provided to volunteers. If under 18 years of age, parent(s) signatures are required.

Volunteer Date

Parent Date

Parent Date