­­­­­­­­­­­­­­­­­­­­­VOLUNTEER APPLICATION

In addition to this volunteer application, a national background screening consent form will be requested for volunteers who work directly with children, and where the volunteer may be the only adult present.

**Contact Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip

Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you at least 18 years old? Yes No

Driver’s license number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach a copy of state issued photo identification

**Please circle the volunteer opportunities you are interested in**

**Sports:**

Coaching: Youth Basketball Youth Soccer Youth Flag Football

 Officiating: Youth Basketball Youth Soccer Youth Flag Football

 Adult Softball Adult Volleyball Adult Basketball

 Field Grooming

**Special Events:** Daddy Daughter Dance Mother Son Dance

 Kids’ & Teens’ Triathlon Adult Triathlon Letters to Santa

 Arbor Day Celebration Fishing Derby Spring Ballet Concert

**Rieth Interpretive Center:**  Assist field trips Greet Visitors

Instruct a class/Nature Walk/Program

 Displays of nature or history Bird/Animal feeding & cleaning

**Forestry:** Tree Locating Tree Nursery Care Tree Watering

 Tree Planting Tree Mulching/staking

 Tree Pruners Tree Watering

 Remove Invasive Vegetation

**Park maintenance:** Landscaping Greenhouse Park Clean-Up Painting

**Advertising/Graphic Design:**

Brochure Design Flyer Design Map Design Logo Design

**Class/Program instructor Serve on Advisory Committees**

**Fundraising Coordinate/Direct Volunteer Groups**

**Other (Please Specify):**

**Availability**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *(Please insert Available times)* | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Mornings |  |  |  |  |  |  |  |
| Afternoons |  |  |  |  |  |  |  |
| Evenings |  |  |  |  |  |  |  |

**Experience, skills or qualifications**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip

Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release & Indemnity**

In consideration for being permitted by the City of Goshen to participate in the above activity(ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I or my child may have, or which hereafter accrue to me, or my child, against the city as a result of my or my child’s participation in the activity(ies). This release is intended to discharge the city, its officers, officials, employees and volunteers, and any other involved public agencies from and against any and all liability arising out of or connected in any way with my or my child’s participation in the activity(ies), even though that liability may arise out of the negligence or carelessness on the part of the persons or public agencies mentioned above. I further understand that accidents and injuries can arise out of the activity(ies); knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me, or my child (or my child’s heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my and my child’s heirs or assigns. In addition, I agree to indemnify and hold harmless the City and its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of my or my child’s participation in the activity(ies) described above, caused in whole or in part by my or my child’s negligent act, except where caused by the active negligence, sole negligence, or willful misconduct of the city.

**Name (Printed)**

**Signature of Participant (If under 18, parent or guardian):**

**Today’s Date**

**Agreement & Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate dismissal.

Name (Printed) Signature

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application form and for your interest in volunteering with us.