



Chehalem Park and Recreation District

Volunteer Application

Date Received _____ By _____

In consideration for being permitted to perform the below-described activity(ies), the undersigned volunteer agrees to indemnify and hold harmless Chehalem Park and Recreation District, its officers, agents, and employees, from and against all liability, claims, and demands, on account of injury, loss, or damage to volunteer, including without limitation, claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, employment claims, or any other loss of any kind whatsoever, which the volunteer may personally sustain during the course of performing his/her activities with the District.

Volunteer acknowledges that they are not a District employee and have not employment rights. Their acceptance and activities as a volunteer shall be at the discretion of the District and such services may be discontinued at any time without cause.

Description of activity(ies) to be performed _____

Period during which activity(ies) are to be performed _____

Executed on this _____ day of _____, 20____

Last Name _____ First Name _____ MI _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Daytime Phone _____ Cell Phone _____

Social Security Number _____ Email _____

_____ Youth Volunteer (Age 12 – 15) _____ Adult Volunteer (Age 16+)

(Note: Adults must complete Criminal History Verification)

Specific class or program _____

Dates and time available to work _____

Specific skills, interests or hobbies _____

Membership in other organizations _____

Two References (not family members)

Name

Position

Phone and/or Email

In accepting this position, I agree to follow all policies, rules and regulations of CPRD. It will be my responsibility to follow the supervisor's instructions at all times. I will act in the best interest of the District. I understand that CPRD cannot be responsible for any injury I may incur while on duty as a volunteer employee.

Signature _____ Date _____

Signature of Supervisor _____ Date _____

Signature of Superintendent _____ Date _____