



# 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+)

Date of Birth \_\_\_\_\_

*(Note: Adults must complete Criminal History Verification)*

Specific class or program \_\_\_\_\_

Dates and time available \_\_\_\_\_

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 Parent or Guardian if under age 18 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_