

Volunteer Name:	Date of birt	th:	
Address:			
Street	City	State	Zip
Phone # (day):	Phone # (night):		
Email:	Today's date:		
In the case of any emergency who sho	uld be contacted?		
Emergency Contact Name:	Phone #:		
1			.
Volunteer Experience:			
Have you volunteered before? NO YI	ES if so, what types of age grou	ps? For whom? How	long?
What are some of the highlights from prev park district?	vious volunteer experiences and/or en	nployment relating to	o volunteering for t
Do you have any unique skills or knowledg	e that you would like to share?		
Malausta au Fana atati ana /lata			
Why are you interested in volunteering at			
with are you interested in volunteering at	the park district:		
Please circle all areas that you are interest	ted in volunteerina for the park distric	t:	
Nature Programs Art Programs	Large Scale Events Family		eschool Program
Summer Camps Se	ervice Organization Projects	Specialized Skill Pro	ojects
What days and hours are you available to	volunteer?		
Spring	Summer		
Fall	Winter		

Acknowledgment:

All of the information contained in this application is true to the best of my knowledge. The Bellbrook Sugarcreek Park District has the right to refuse volunteer service at their discretion.

I acknowledge that I am volunteering to assist the Bellbrook Sugarcreek Park District and understand that as a volunteer that I will not be compensated for my donated services. I am not eligible for any workers' compensation benefits and I am not covered by any medical insurance in the event that I become injured while volunteering and the Bellbrook Sugarcreek Park District cannot be held liable.

I have completed the registration form attached to this application. I have also read and understand the above information.

Volunteer's Signature:	Date:
Parent/Legal Guardian Signature:	Date:
General Waiver and Photo Release for	Bellbrook Sugarcreek Park District:
Waiver for Participation	
employees, and owners of property managed by BSP	prook-Sugarcreek Park District (BSPD), all its agents and D for any loss, damage, injury and expenses as may arise ation in programs/use of property associated with BSPD.
Photo Release	
By participating in any BSPD program, I hereby agree to permit the BSPD to use any photographs for prom	to allow photographs to be taken of me or my child and otional reasons.
Weather Cancellations	
If Sugarcreek Local Schools are closed on any weathe storms) programs or classes will be cancelled. Please	er emergency day that affects road conditions (i.e. snow also watch for updates on the local news channels.
Signature (Required):	Date:

(If the participant is under 18, this waiver must be signed by parent or guardian)