



Greene County Parks & Trails Application for Volunteer Services

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Home phone: _____ Cell phone: _____

Work Phone: _____ E-Mail: _____

Driver's License # _____

Emergency Contact Information:

Name of Contact: _____ Relationship: _____

Address: _____

Home phone: _____ Cell phone: _____

Work phone: _____

Volunteer Employment Information I am: employed retired student

Current/Previous employer: _____

Current/Previous position held: _____

Current/Previous volunteer experience: _____

Interests and skills: _____

Clubs or organizations you participate in: _____

Availability: Weekdays Mornings Afternoons Anytime
Weekends Mornings Afternoons Anytime

I want to volunteer because:

Please provide two references OTHER THAN RELATIVES:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Please read the following carefully before signing this information form:

Volunteers must provide their own medical insurance should they become injured while volunteering. Primary payer for any injuries which occur while in a volunteer capacity will be the volunteer's own medical/health insurance.

I understand and authorize Greene County Parks & Trails to verify the information contained on my application; I release Greene County Parks & Trails, its agent and organizations supplying information to Greene County Parks & Trails from all liability and responsibility, damages and claims of any kind arising from an investigation of my background.

I understand that misrepresentation and omission may be grounds for immediate dismissal. The information in this document will be used to comply with the policy mandated by the Ohio Revised Code from Senate Bill 187 that states we are required to inform any adult volunteer who has unsupervised access to a child that there is a possibility that he/she may be finger printed. I understand that services from volunteers can be discontinued by Greene County Parks & Trails at any time, for any reason.

All volunteers will be subject to a background check, annually. Individual volunteers may be asked to also complete a finger print check.

A photocopy of the authorization will be as effective as the original.

Applicants Signature

Date

Parent/Guardian if applicant is under 18 yrs old

Date

Parent/Guardian name (please print)

Phone number