



Ada Township Parks & Recreation Department Volunteer Application

Last Name	First Name	Date of Birth	Today's Date
Street Address		City	State Zip Code
Primary Phone		Email	
Emergency Contact:	Name	Primary Phone	Relationship

Purpose for Volunteering: _____

Background/Experience: _____

Skills/Training: _____

Health Information - Please list any medical or physical conditions that we need to be aware of:

Please note your areas of interest:

- Administrative – clerical, data entry, office tasks
- Education – family & community programs, school programs
- Youth Programs - school groups, day events, summer day camps
- Sports, athletics, runs, health programs
- Marketing - promotions, social media,
- Facilities and grounds -landscaping, maintenance, small repairs, gardens
- Land & Water Stewardship - invasive species, habitat management, river clean up
- Special Events – Festivals, runs
- Other _____

Please note your availability:

- Weekdays: morning_____ afternoon_____ evenings_____
- Weekends: morning_____ afternoon_____ evenings_____
- Special events
- Other _____

Waivers:

*I (*circle one*) will / will not allow Ada Township Parks to use photographs of me for promotional purposes.
 *I understand that volunteering at Ada Township Parks has risks associated with it affected by the weather, work environment, equipment and interactions with people and I here by release Ada Township and its staff from responsibility and liability for any loss of property or injury to my person while volunteering. **Initial:** _____

Signature of Volunteer **Date**

Signature of Parent/Guardian (if volunteer is under 18 years old) **Date**