City of Bowling Green Parks and Recreation Department and Bowling Green Parks and Recreation Foundation, Inc.

Volunteer Application

Last Name___________________________________First Name___________________________________

Organization (if applicable)_______________________________________________________________

Address_____________________________________City/State/Zip______________________________

Phone_______________________________email_________________________________

Personal Information (circle one)

Gender:  Male     Female            Date of Birth_____________________________

Physical Limitations:  Yes   No    (please explain below)
________________________________________________________________________________)

Primary area of interest:  (check all that apply)

_____Youth Camps_____ Safety Town   _____Special Events   _____Maintenance

_____Gardening/Nature Center education programs   _____Land Steward program

_____Gardening/maintenance   _____Other (explain)________________________________________

_____ Youth sports program coaches

Volunteer availability:  (circle all that apply)

Number of days per week:  1  2  3  4  5

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

In an emergency, contact:

First Name___________________________________Last Name___________________________________

Address_____________________________________________________________________________

City/State/Zip________________________________________________________________________

Phone_______________________________email_______________________________

________________________________________________________________________________

Signature of Volunteer

_________________________________________ Date

Signature of Parent/Guardian if Volunteer under 18 years of age

_________________________________________ Date

Signature of Staff

_________________________________________ Date
Have you been a participant in a BG Parks & Recreation programs in the past? Yes or No
If yes, which program(s)?

Have you volunteered for the BG Parks & Recreation Department or Foundation before? Yes or No
If yes, which program(s)?

Briefly describe what experience/special skills you bring to the area of interest you have indicated:

__________________________________________________________________________

Briefly list organization and volunteer experience you have had previously:

__________________________________________________________________________

Will your volunteer hours be used for class requirements? Yes or No
If yes, give a brief description of the requirements that must be met:

__________________________________________________________________________

Have you ever been convicted of a misdemeanor or felony? Yes or No (Conviction will not necessarily disqualify your application)
If yes, please explain:

__________________________________________________________________________

References: Please list three people, who are not family members, who have known you for at least three years.

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The position of volunteer shall abide by the mission of the Parks & Recreation Department/Foundation

- **Responsibilities**
  - Shall perform tasks/duties as discussed and assigned by staff supervisor.
  - Shall work at dates and times mutually agreed upon and convenient for both the volunteer and staff supervisor.
  - Must exhibit appropriate appearance and act in a professional manner.

- **Training**
  - Must attend presentation/orientation for volunteer project.
  - With some exceptions, may use power and/or motorized tools only with training or demonstration of skills.
  - Must complete volunteer worksheet, which records volunteer hours and provides feedback to the Parks & Recreation department.

- **Qualifications**
  - Under 18 years of age must have parental consent and pre-arranged adult supervision.

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**Failure to follow contract provisions could result in excluding you from future volunteer opportunities.**

Volunteer opportunities offered by the Parks & Recreation Department range from very passive to very strenuous activities. The Department strives to give competent training and instruction and to properly supervise all volunteers. Every effort will be made to keep all facilities and equipment in a safe, workable condition. It is the volunteers responsibility to inform the supervisor of any situation that may cause injury to oneself or others, including, but not limited to, defective equipment, illness/fatigue, inability to master a skill, health status that may effect volunteering, etc. If an accident should occur while volunteering, the supervisor should be informed; however, the injured party is responsible for all financial obligations incurred in this process including ambulance and subsequent treatment expenses.

I, as a volunteer for the Parks & Recreation Department, am signing this verifying that I have read and understand my responsibilities as a volunteer.

_______________________________________________________________
Volunteer Name (Print)

_____________________________________________
Organization Name (if applicable) – attach list of names participating

________________________
Address

________________________________________
City/State/Zip

________________________________________
Phone  email

Signature of Volunteer  Date

Signature of Parent/Guardian  Date

Signature of Staff Supervisor  Date  rev 03.12.15