



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.

Name	Profession	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

VOLUNTEER AGREEMENT:

City of Bowling Green Parks & Recreation Department/BG Parks & Recreation Foundation



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.

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 to 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