



South Platte Park
3000 W. Carson Drive
Littleton, CO 80120-2968
303-730-1022

Date _____

Adult's Name _____
Last First (for name tag, if different)

Child's Name _____
(If Parent-child Team) Last First (for name tag, if different)

Home Phone _____ Cell Phone _____

E-mail Address: _____

Address _____
Street City State/Zip

Birth Date for Adult _____ Birth Date for Youth _____

In case of an emergency, call _____ at _____

Relationship to you _____

What volunteer activities are you interested in? If more than one, please rank them, starting with #1.

- | | |
|---|---|
| <input type="checkbox"/> Nature Center Host | <input type="checkbox"/> Bird Counts |
| <input type="checkbox"/> Parent/Child Naturalist Team | <input type="checkbox"/> Office Work |
| <input type="checkbox"/> School Program Guide | <input type="checkbox"/> Special Public Presentations |
| <input type="checkbox"/> Native Garden Crew | <input type="checkbox"/> Public Program Aide |
| <input type="checkbox"/> Habitat Restoration Projects | <input type="checkbox"/> Other _____ |

Why do you want to volunteer at South Platte Park? _____

How often would you like to work each month? _____ (Programs, Hours, or Days)

Do you **prefer** to work any particular days? _____

Are there any days that you just can't work? _____

What 2 things most motivate you to volunteer at South Platte Park? (fun, learning, job skills, etc)

Name one SELFISH reason you are volunteering at South Platte Park. (Think very selfishly!)

Occupation (if retired, please indicate your former occupation): _____

Name of current or former employer _____

What other skills and/or talents can you share (e.g., musician, database expert, bilingual, etc.)?

Office Use Only: Interp <input type="checkbox"/> Skot <input type="checkbox"/> Phil <input type="checkbox"/> Resource <input type="checkbox"/>
Deliver to Administrative Assistant last after routing and volunteer has been contacted.
How was application received: _____ Who should contact: _____
Date Contacted: _____ When/How will they start: _____
Background Check: _____ Initiated by: _____ Date: _____

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Previous volunteer experience _____

What accommodations would be helpful to make volunteering more accessible for you?

Please describe both your greatest strength and your greatest weakness? _____

How did you learn about volunteer opportunities at South Platte Park?

Acknowledgement, Consent & Release

Please read it carefully and sign below. If the volunteer is under 18 years of age, a parent or guardian must sign this consent and release agreement.

I hereby certify that all statements made in this volunteer application are true. I acknowledge that any false statement or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at anytime during my period of placement. I understand that I am working at all times on a voluntary basis without compensation and not as a paid employee, and that this agreement can be cancelled at any time by either myself or a South Suburban Park and Recreation District employee.

I understand that the District may investigate my criminal record and that an investigation consumer report may be prepared whereby information is obtained if I serve the District in a "position of trust" as defined by the District. I hereby release the District and all persons supplying information to the District from all liability, claims for damages, or responsibility whatsoever with respect to information supplied. I further authorize my current employer and references to speak freely to representatives of the District and provide whatever information is required.

I, **(please print full name)** _____, understand that my services are being offered on a volunteer basis without anticipation of financial remuneration and I indemnify and hold harmless the South Suburban Parks and Recreation and its employees, agents, leaders, instructors, contractors or volunteers from, and against all claims, demands, loss or injury to my person or property incurred through negligence, or other acts or omissions, however caused, by an officer, employee agent, leader, instructor, contractor or volunteer of the South Suburban Parks and Recreation as a result of, or during my participation in volunteer service.

Medical Authorization: I understand that I am not covered under Workers' Compensation should I suffer any type of illness or injury while serving at South Suburban Park and Recreation District. I authorize South Suburban Parks and Recreation to obtain emergency transportation and any medical treatment necessary in the event of injury or illness. I understand South Suburban Parks and Recreation does not carry accident insurance for this program and I will be responsible for the payment of my incurred medical/dental expenses. I further understand that any volunteer job-related injury, regardless of severity, must be immediately reported to the supervisor. I acknowledge that I have carefully read and fully understand this agreement and its contents. I am aware that this is a release of liability and a contract between myself and South Suburban Parks and Recreation and/or its officers, employee agents, instructors and volunteers, and I sign it on my own free will.

I give my permission to use my photograph for any official South Suburban Park and Recreation District purposes.

I have read, understand, and by my signature consent to these statements.

Signature of Volunteer: _____ Date: _____

Signature of Parent/Guardian, if Volunteer is a minor: _____