

Seward Parks & Recreation Department

Volunteer Application

I am applying to work as a volunteer for the Seward Parks & Recreation Department. I agree to follow the direction and supervision of department personnel, and follow all rules and policies. I understand that although the department appreciates my services I serve solely at the will of the department without compensation or benefits and that I have no authority to act on behalf of the department or the City. I promise that the following information is accurate and complete, and that I will inform the department of any changes in the information as soon as it occurs. I affirm that I will make my best efforts to keep the participants I work with safe from harm, and that I will promptly inform the department of any safety or other concerns which I may have in regard to my involvement with the department's programs.

Today's Date: _____ Full Name: _____

Age: _____ Date of Birth: _____ Email: _____

Address: _____ Home phone: _____

Work phone: _____ Cell phone: _____

City: _____ State: _____ Zip Code: _____

Previous Last (or other) Name(s) Used: _____

Present Employer: _____ Telephone: _____

Address: _____ City: _____

Present Employer Email and contact Name: _____

List last two jobs:

Position: _____ Employer: _____

Length of time on job: _____

Position: _____ Employer: _____

Length of time on job: _____

How many times have you moved in the past five years? _____

Education:

High School _____ Years attended: _____ Degree: _____

College: _____ Years attended: _____ Degree: _____

College: _____ Years attended: _____ Degree: _____

Other: _____ Years attended: _____ Degree: _____

Do you have your own transportation? _____ License Plate Number: _____

Insurance Carrier: _____

Current Driver's License: Yes No Driver's License Number: _____

Do you have a clean driving record? Yes No List infractions: _____

Have you ever been involved in, arrested or convicted of assault? _____

Have you ever been arrested or convicted of child abuse or neglect? _____

Have you ever been arrested or convicted of a felony? _____

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List two local character references (other than relatives):

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Please list all workshops, activities and/or volunteer work you would like to perform for SPRD:

Please list your prior experience working with youth, name of organization, age of youth, and description of activities:

Please sign below:

I _____, do hereby authorize the City of Seward Parks & Recreation Department to conduct whatever background check may be deemed appropriate, i.e., contact references listed above, check DMV driving record, and complete a criminal history check.

Criminal History Check complete: Date: _____ Initials: _____

***POLICY:** Any falsehoods or discrepancies of any of the information provided by the volunteer would result in not offering the individual a position.*

SPRD Volunteer Registration

Name

Name

Name

Parent's Name

Home Phone

Work Phone

Mailing Address

Physical Address

Email Address

Volunteer Project(s)

Staff initials

Please return this form to the SPRD office sponsoring your event.

SPRD / PO Box 167 / Seward, AK / 99664. FAX 224-4051

Phone 224-4054

Waiver Release for Volunteering

I will not hold the Seward Parks & Recreation Department of the City of Seward or its employees or agents liable for the injuries incurred during my or my child's participation in this program. I hereby consent to emergency medical treatment necessary for the immediate welfare of myself or my child, by a qualified physician or nurse, and/or hospital, in the event of injury or illness during all periods of time in which the participant is away from his/her legal residence as a member of the Parks & Recreation group, and hereby waive on behalf of myself and the City of Seward, any of its agents, or employees, any liability, arising out of such medical treatment. I hereby grant permission for my child to participate in field trips requiring pedestrian travel or vehicular transportation. I further grant permission for my name and likeness to be reproduced by SPRD for the purpose of promoting SPRD programs.

I understand the inherent risk of injury or even death while volunteering for this(these) project(s). I agree to follow specific training and safety guidelines, and to work only on the tasks for which I have been trained.

Printed Name of Parent/Guardian

Legal Signature of Parent/Guardian

Date

Printed Name of Volunteer

Legal Signature of volunteer

Hours:

SPRD Staff: Faxed copy MUST be followed up with receipt of the original, for legal, original signature.