

VOLUNTEER APPLICATION FOR INDIVIDUALS



7666 High School Road NE • Bainbridge Island, WA 98110
Tel 206-842-2306

Application Date: _____

Name: _____ Home Phone: _____
Last First MI

Address: _____ Work Phone: _____
Street

_____ Cell Phone: _____
City State ZIP

Email Address: _____ Preferred Method of Communication: _____

Emergency Contact Information: _____
Name Relationship Phone

Medical Information: Do you have any medical issues, allergies or other concerns that we should be aware of?

Driver's License Number: _____ Date of Birth: _____
If required for position State If under the age of 18 years

Have you ever been convicted of a crime involving violence, abuse of a child or vulnerable adult, or dishonesty?

Yes No

AREAS OF INTEREST & AVAILABILITY

- | | | |
|---|---|---|
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Trails | <input type="checkbox"/> Adult Programs |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Park Services | <input type="checkbox"/> Youth Programs | <input type="checkbox"/> Other: _____ |

AVAILABILITY Please check all that apply and circle if available in morning, afternoon or evening:

MON am pm eve TUE am pm eve WED am pm eve THU am pm eve FRI am pm eve
 SAT am pm eve SUN am pm eve TOTAL NUMBER OF HOURS DESIRED _____

COMMUNITY SERVICE Are you interested in receiving community service hours? No Yes If yes, why?

School requirement Scout requirement Court Mandated Other _____

Why do you want to volunteer for the Park District? _____

How did you learn of this volunteer opportunity? _____

Please list two references.

Name Relationship Email Phone

Name Relationship Email Phone

Please describe any applicable work experience: _____

Volunteer experience: _____

Educational background: _____

Club involvement, civic activities, hobbies: _____

INSURANCE INFORMATION

As a volunteer, you are not covered by the District’s Worker Compensation Program through WA State, nor does the Park District’s General Liability Insurance cover any injuries to you resulting from your volunteer duties. You are strongly encouraged to have your own health insurance in the event you are injured while performing your volunteer duties.

With respect to property damage or injury to third parties, you are covered by the Park District’s General Liability Insurance while providing authorized volunteer service, within the scope of your assigned project to the Park District. The Park District’s General Liability Insurance will also cover property damage or bodily injury to third parties in the event of property damage or accidental injury to the public as a result of volunteer duties assigned by the District. It will also cover property damage or bodily injury to others resulting from an accident should you be asked to drive a District vehicle as part of your volunteer duties. However, prior to driving a District vehicle you will be required to pass a road test administered by District personnel.

The above liability coverage applies as well if you drive your own vehicle to perform your assigned volunteer duties, however you must carry your own auto insurance to be eligible for coverage by the Park District’s General Liability Insurance.

RELEASE & INDEMNIFICATION

I understand that volunteering for the Bainbridge Island Metropolitan Park & Recreation District (“District”) involves inherent risk, which could, depending on the tasks performed, result in property damage and/or bodily injury (up to and including death), even when such tasks are performed in a safe manner. In consideration for my acceptance as a volunteer by the District, I hereby (i) assume the risk and all responsibility for my safety when volunteering for the District; (ii) waive and forever release the District and its employees and agents from any and all claims (including those for bodily injury) arising out of or relating in any way whatsoever to my participation as a volunteer for the District; (iii) limit the District’s liability to the applicable limits of the District’s applicable insurance policy if the foregoing release is adjudged to be unenforceable; and (iv) agree to defend, indemnify and hold the District and its employees and agents harmless from and against any and all claims (including those for bodily injury), damages, liabilities and expenses (including attorney fees) arising out of or relating in any way to my participation as a volunteer for the District. I have read and understand the foregoing release from liability.

PHOTOGRAPH PERMISSIONS

I hereby give the District permission to photograph and videotape me while participating as a volunteer and to use the photographs and video footage for marketing and promotional purposes. I acknowledge and agree that the photographs and video footage will belong exclusively to the District and that I will receive no compensation for the District’s usage of the photographs and video footage.

I HAVE READ AND UNDERSTAND THE FORGOING SECTIONS PERTAINING TO INSURANCE INFORMATION, RELEASE & INDEMNIFICATION, AND PHOTOGRAPH PERMISSIONS. TO THE BEST OF MY KNOWLEDGE, THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION WILL BE GROUNDS FOR DISQUALIFICATION OF THIS APPLICATION OR DISMISSAL AS A VOLUNTEER.

Signature of Applicant (Adult or Minor) Date

Signature of Parent or Guardian (if applicant is under age 18) Print Name Date