

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

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
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Name	Relationship	Email	Phone
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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 Park 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 Park District. It will also cover property damage or bodily injury to others resulting from an accident should you be asked to drive a Park District vehicle as part of your volunteer duties. However, prior to driving a Park District vehicle you will be required to pass a road test administered by Park 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 & AUTHORIZATION

I understand that volunteering for the Park District involves inherent risk, which could, depending on the tasks involved, result in property damage and/or bodily injury (up to and including death), even when such tasks are performed in a safe manner. I also understand that volunteering for the Park District involves risk of exposure to and infection by the novel coronavirus, COVID-19, which is highly contagious and spread through person-to-person contact (breath and physical contact) and contact with stable surfaces. I understand that exposure and infection can result from the actions and/or omissions of me, members of the public, Park District employees, agents and contractors, and that infection could result in illness, bodily injury, permanent disability and/or death. Although the Park District has implemented preventive measures, such as participant screening, social distancing and sanitizing surfaces, to reduce the spread of COVID-19, risk of exposure and infection cannot be eliminated entirely.

In consideration for my acceptance as a volunteer by the Park District, I hereby (i) assume the risk and all responsibility for my health and safety when volunteering for the Park District; (ii) waive and forever release the Park District and its employees, agents and contractors from any and all claims (including those for illness and bodily injury) arising out of or relating in any way whatsoever to my participation as a volunteer for the Park District, even though said claims may arise out of the negligence of the Park District and its employees, agents and contractors; (iii) limit the Park District's liability to the applicable limits of the Park District's applicable insurance policy if the foregoing release is adjudged to be unenforceable; (iv) agree to defend, indemnify and hold the Park District and its employees, agents and contractors harmless from and against any and all claims (including those for illness and 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 Park District, my failure to comply with any of the obligations of this document, or my failure to provide all relevant information; and (v) agree to notify the Park District if I test positive for COVID-19, have been exposed or potentially exposed to COVID-19, or am experiencing symptoms associated with COVID-19, including, without limitation, fever, shortness of breath, cough, and loss of taste or smell.

I authorize provision of emergency medical care to me if needed during participation as a volunteer for the Park District when efforts to contact the emergency contact are unsuccessful, and I agree to be financially responsible for all costs thereof. I agree that the waiver and release, limitation of liability, and indemnification provisions of the foregoing paragraph shall apply to any provision of medical care. I represent and warrant that the information I provide on page 1 of this document fully and accurately sets forth all medical information that is relevant to my participation as a volunteer for the Park District.

PHOTOGRAPH/VIDEOTAPE PERMISSION

I hereby give the Park 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 Park District and that I will receive no compensation for the Park District's usage thereof.

I HAVE READ AND UNDERSTAND THE FOREGOING SECTIONS PERTAINING TO INSURANCE INFORMATION, RELEASE, INDEMNIFICATION & AUTHORIZATION, AND PHOTOGRAPH/VIDEOTAPE PERMISSION. I AM VOLUNTARILY SIGNING THIS DOCUMENT WITH THE INTENT PROSPECTIVELY TO RELEASE AND INDEMNIFY THE PARK DISTRICT AND ITS EMPLOYEES, AGENTS AND CONTRACTORS AS SET FORTH ABOVE. I UNDERSTAND AND ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT I AM GIVING UP IMPORTANT LEGAL RIGHTS. TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE PROVIDED IN THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT PROVISION OF FALSE, INACCURATE OR INCOMPLETE INFORMATION IS GROUNDS FOR DISQUALIFICATION OF MY APPLICATION OR DISMISSAL AS A VOLUNTEER.

I agree that this document shall be binding upon my heirs and representatives. I understand and agree that this document is intended to be as broad and inclusive as is permitted by the laws of the State of Washington, and that if any portion of it is deemed unenforceable, the balance of it shall continue in full legal force and effect.

I agree that if my signature is provided to the Park District via electronic means (e-mail, fax or otherwise), it shall nonetheless be deemed the equivalent of my original signature for all purposes.

Signature of Applicant (Adult or Minor)

Date

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

Print Name

Date