



YOUTH VOLUNTEER APPLICATION

For Applicants Ages 14-17

Thank you for your interest in volunteering with the City of Collegedale Parks & Recreation. Please note that volunteer hours are not guaranteed and are given based on availability.

Volunteers will be notified when opportunities become available. Volunteer positions will be filled on a first-come basis. Each applicant must personally call to confirm hours, if offered, by volunteer deadline of each activity/event. Volunteers must follow dress code for each activity/event guideline.

Name _____
Last **First** **Middle Initial**

Address _____

City/Zip Code _____

Telephone (Cell) _____ (Alternate) _____

E-mail _____

Current Grade Level _____ School Attending _____

Skills/Interests (include hobbies, sports, technology, etc.) _____

Availability: I am able to volunteer on the following days (check) and times (check)

- | | | | |
|----------|--------------|----------------|--------------|
| () MON | () Mornings | () Afternoons | () Evenings |
| () TUE | () Mornings | () Afternoons | () Evenings |
| () WED | () Mornings | () Afternoons | () Evenings |
| () THUR | () Mornings | () Afternoons | () Evenings |
| () FRI | () Mornings | () Afternoons | () Evenings |
| () SAT | () Mornings | () Afternoons | () Evenings |
| () SUN | () Mornings | () Afternoons | () Evenings |

***Please update availability as school, sports, and extra-curricular activities change.

Youth Volunteer Application (Applicants ages 14-17), page 2

Name _____
Last First Middle Initial

References: Please list two adults, other than relatives, that know you and can tell us about your work habits, skills, character, and previous volunteer/work experience.

Name _____

Address _____

Contact # _____ Relationship to you _____

Name _____

Address _____

Contact # _____ Relationship to you _____

Emergency Contacts

Name _____

Address _____

Contact # _____ Relationship to you _____

Name _____

Address _____

Contact # _____ Relationship to you _____

Medical Insurance

Insured by _____

Policy Holder's Name _____

Group Number _____ Contact # _____

Volunteer Application (Applicants ages 14-17), page 3

AGREEMENT, WAIVER, AND RELEASE: In consideration for being permitted by the City of Collegedale Parks and Recreation to participate in any volunteer capacity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said capacity. This release is intended to discharge in advance the above city (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said capacity. It is understood that volunteering involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in volunteer work.

PARENTAL CONSENT: (to be completed and signed by parent/guardian)

I hereby consent that my son/daughter, _____ participate in the City of Collegedale Parks and Recreation volunteer program, and I hereby execute the above agreement, waiver and release on his/her behalf. I state that said minor is physically able to participate in said program. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or injury or property damage that said minor may sustain while participating in said program. I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND SIGN IT OF MY OWN FREE WILL.

Parent/Guardian Signature _____

Date _____

If granted volunteer hours, I understand that I must show up on time, follow the dress code for the activity/event, and comply with guidelines laid out for the safety, wellness, and enjoyment of all who participate in the activity/event.

Note: Facial piercings and visible tattoos are not permitted while working City of Collegedale sponsored activities and events. As a volunteer for the City of Collegedale Parks and Recreation, you are a reflection of the City and professionalism is required. Failure to follow guidelines and dress code will require the Parks and Recreation Director to remove your name from the volunteer program. By signing this application both the volunteer applicant and parent/guardian understand the above information.

Applicant's Signature _____

Date _____

Completed application may be returned to: Christina Clark, Parks and Recreation Supervisor

City of Collegedale, 4910 Swinyar Drive, Post Office Box 1880, Collegedale, TN 37315

cclark@collegedaletn.gov