

Date: _____

Applicant's Name _____

Address: _____

City: _____ Zip: _____

Phone: _____ / _____
Home Cell

Email Address: _____

Date of Birth: * _____

*Must be at least 16 years old to Volunteer

Occupation: _____

Employer: _____

EMERGENCY INFORMATION:

Person to contact in case of emergency

Name: _____ Relationship: _____

Phone: _____ / _____
Home Cell

**Doctor's Name: _____ Phone: _____

Preferred Hospital? _____

Please list medical conditions or physical restrictions

Please list your availability preferences:

A.M. ___ Sunday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

P.M. ___ Sunday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

Previous or current volunteer and/or work experience: _____

****do not have to share information**

Please check all areas of interest:

Crossroads Village & Huckleberry Railroad

Railroad track crossing guard_____ Retail_____ Interpretation_____
Crafts_____ Vintage ride assistant_____ Gardener_____ Christmas_____
Halloween_____ Huckleberry Hustle_____ Country teas_____
Day Out With Thomas™_____
Crossroads Village special events_____
Other:_____

For-Mar Nature Preserve & Arboretum

Trail Walkers_____ Invasive Investigators_____ Photography_____
Clerical_____ Program assistant_____ General Grounds person_____
Nesting box monitoring_____ For-Mar spokesperson_____ Historian_____
Mulchers_____ Adopt-A-Gardeners_____ Bluebirders_____
Deer deterrents_____ Hardscape helpers_____ Greeter/information_____
GPS/GIS Gopher_____ Volunteer Artists_____ Sierra Club_____
Natural features inventory_____ Audubon Society_____
For-Mar special events_____
Other:_____

Adopt-A-Park_____

Special Genesee County Parks events

Kids' Fishing Derby_____

Have you ever been convicted of any offenses against the law or are you now under any current charge for any offenses against the law?

_____No _____Yes (if yes, please explain)_____

I agree to abide by existing and future instruction, rules and policies of Genesee County Parks.

I agree that I offer my services as a volunteer with no expectation of monetary compensation.

I understand that as a volunteer I am not eligible for County benefits provided to employees.

I understand that volunteering for Genesee County Parks is contingent upon a successful criminal background check.

I give Genesee County Parks permission to use my photographic or video image for promotional purposes.

I have read and reviewed the above statements _____Yes _____No

Signature of Volunteer

Date

Submit your application to:
Volunteer Coordinator
Genesee County Parks
5045 Stanley Road
Flint, MI 48506

You may contact the volunteer office at: 810.736.7100.ext 858

Or

Email:ckimber@gcparks.org



**CONTROLLER'S OFFICE
RISK MANAGEMENT DIVISION**

1101 Beach Street 3rd Floor
Flint, Michigan 48502-1453
Phone: (810) 257-2628
Fax: (810) 257-3502

**Nerahoo Hemraj, Controller
Stephen Cooperrider, Risk Manager**

Re: Volunteer in Genesee County Parks and Recreation Commission

**RELEASE OF LIABILITY
PLEASE READ CAREFULLY**

I, _____, for myself, my heirs and assigns, and my personal representatives hereby assume all risk of personal injury or death and property damage or loss from whatever causes arising, while I am on premises owned by Genesee County and/or while I am engaged in volunteer work for the Genesee County Parks and Recreation Commission, and release Genesee County, Genesee County Parks and Recreation Commission, and their officers, agents and employees from any liability therefore, directly or indirectly, and will defend, indemnify and hold harmless the County, Parks and Recreation Commission, and their officers, agents and employees from any such liability, whether or not arising out of negligent or willful actions or the failure to act on the part of the County, Parks and Recreation Commission, or their officers, agents and employees. The consideration for my agreement herein is my being allowed to engage in the activity referenced above. Further, I certify that I am 18 years of age or older or I have included the signature of my parent/guardian.

Dated this _____ day of _____, 20____.

Signature

Home address

Home phone

City State ZIP Code

(if volunteer is under 18)
Signature of Parent/Guardian who further agrees to indemnify, defend, and hold harmless the County, in the same manner as stated above, from any such liability arising out of the volunteer activities of their child/charge.

IF AFFILIATED WITH A SPECIFIC VOLUNTEER ORGANIZATION OR SCHOOL, PLEASE PROVIDE THE FOLLOWING INFORMATION

Organization Name: _____

Mailing Address: _____

Phone: _____

Parks and Recreation
Staff Review &
Acceptance

Initial here

EMERGENCY CONTACT INFORMATION

CONTACT NAME: _____

PHONE: _____