



VOLUNTEER APPLICATION

Date: _____

Applicant's Name _____

Address: _____

City: _____ Zip: _____

Phone: _____ / _____
Home Cell

Email Address: _____

Date of Birth: * _____

*Must be at least 16 years old to Volunteer

EMERGENCY INFORMATION:

Person to contact in case of emergency

Name: _____ Relationship: _____

Phone: _____ / _____
Home Cell

Please list your availability preferences:

A.M. Sunday__ Monday__ Tuesday__ Wednesday__ Thursday__ Friday__ Saturday__
P.M. Sunday__ Monday__ Tuesday__ Wednesday__ Thursday__ Friday__ Saturday__

Please check all areas of interest:

Crossroads Village & Huckleberry Railroad

Railroad track crossing guard___ Retail___ Interpretation___ Crafts___
Vintage ride assistant___ Gardener___ Christmas___ Halloween___
Day Out with Thomas™___ Crossroads Village special events___
Huckleberry Hustle___ Anything___ Other___

For-Mar Nature Preserve & Arboretum

Trail Walkers___ Invasive Investigators___ Photography___ Clerical___
Program Assistant___ General Grounds Person___ Mulchers___
Nesting Box Monitoring___ For-Mar Spokesperson___ Historian___
Adopt-a-Gardeners___ Bluebirders___ Deer Deterrers___
Hardscape Helpers___ Greeter/Information___ GPS/GIS Gopher___ Volunteer
Artists___ Sierra Club___ Natural Features Inventory___ Audubon Society___
For-Mar Special Events___ Day Camp___ Other___

Keep Genesee County Beautiful (KGCB) Also offers volunteer opportunities.
Visit geneseecountyparks.org/kgcb/ for more information.

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:
Genesee County Parks
5045 Stanley Rd
Flint, MI 48506

Application must be submitted in person. Completion of a background consent form
must be signed in person at the time of your application submission.



GENESEE COUNTY
OFFICE OF FISCAL SERVICES

Chrystal Simpson
Chief Financial Officer

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

Katie Schoening
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: _____