

# VOLUNTEER

WASHINGTON COUNTY GOVERNMENT  
DEPARTMENT OF PARKS & RECREATION  
11400 ROBINWOOD DRIVE  
HAGERSTOWN, MD 21742  
Telephone: (240) 313-2805



## APPLICATION

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, genetic or veteran status, sexual orientation, or disability.

(PLEASE PRINT OR TYPE)

Date of Application: \_\_\_\_\_

### VOLUNTEER INTERESTS

### NAME:

\_\_\_\_\_  
First Middle Last

### ADDRESS:

\_\_\_\_\_  
Street City State Zip

### CONTACT:

\_\_\_\_\_  
Home Phone Cell/Alternate Phone E-Mail Address

### AVAILABILITY

During which hours are you available for volunteer assignments:

Weekday mornings

Weekend mornings

Weekday afternoons

Weekend afternoons

Weekday evenings

Weekend evenings

What days of the week would you like to volunteer?

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

What hours would you like to work? FROM \_\_\_\_\_ (AM/PM) TO \_\_\_\_\_ (AM/PM)

### AGREEMENT and SIGNATURES

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Volunteer Name Printed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Parent Signature if Junior Volunteer(age 17 or under) \_\_\_\_\_

Person to notify in case of Emergency: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Home Phone/ Cell phone: \_\_\_\_\_



## **Volunteer Agreement/Release**

As a volunteer with The Board of County Commissioners of Washington County, MD Department of Parks and Recreation (referred to as the BoCC), the lasting impression you make on those you serve reflects directly on all of us. Please be sure your words and deeds will help build our program and its reputation for quality.

I, \_\_\_\_\_, agree to perform the volunteer duties (referred to as Activity as described below) to which I am assigned to the best of my ability and in a professional manner. I understand that as a volunteer, authorized by the BoCC, there may be certain risks related to this Activity. I hereby state and affirm that:

1. In consideration of being allowed to take part in this Activity, I assume the risk of all potential harm or injury and agree to release and hold harmless the BoCC, its officers, employees, and agents, from all liability for any harm or injury that I may incur as a result of participating in the Activity.
2. By way of this form, I authorize the BoCC staff to assist me by administering basic first aid and/or obtain appropriate emergency medical treatment for me in the event of an accident, injury, or illness. I understand that the BoCC does not carry or maintain health, medical, disability, or workers' compensation coverage for volunteers.
3. I certify that I am fully capable of participating in the Activity as a volunteer, am in good health, have no physical limitations that would prevent my participation, and will use reasonable care in performing volunteer duties as assigned.
4. Unless I indicate otherwise in writing, photographs, videotapes, or audiotapes may be taken of me during the course of the Activity for use by the BoCC for publicity purposes. My first name is the only personal information about me that could be released by the BoCC in the use of the above-mentioned media.
5. The terms of this Agreement shall be binding on my heirs, executor, administrator and all members of my family.

I agree to accept the following volunteer assignment:

Program/Event: \_\_\_\_\_

Location and Supervisor's name: \_\_\_\_\_

Hours \_\_\_\_\_ Beginning date \_\_\_\_\_ Length of commitment \_\_\_\_\_

Emergency contact name, address and phone number  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(If under age 18)