



# Greene County Parks & Trails

## Application for Volunteer Services

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Driver's License # \_\_\_\_\_

### Emergency Contact Information:

Name of Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Volunteer Employment Information I am: employed   retired   student

Current/Previous employer: \_\_\_\_\_

Current/Previous position held: \_\_\_\_\_

Current/Previous volunteer experience: \_\_\_\_\_

Interests and skills: \_\_\_\_\_

Clubs or organizations you participate in: \_\_\_\_\_

Availability:    Weekdays    Mornings    Afternoons    Anytime  
                    Weekends    Mornings    Afternoons    Anytime

I want to volunteer because:

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Please provide two references OTHER THAN RELATIVES:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Please read the following carefully before signing this information form:**

Volunteers must provide their own medical insurance should they become injured while volunteering. Primary payer for any injuries which occur while in a volunteer capacity will be the volunteer's own medical/health insurance.

I understand and authorize Greene County Parks & Trails to verify the information contained on my application; I release Greene County Parks & Trails, its agent and organizations supplying information to Greene County Parks & Trails from all liability and responsibility, damages and claims of any kind arising from an investigation of my background.

I understand that misrepresentation and omission may be grounds for immediate dismissal. The information in this document will be used to comply with the policy mandated by the Ohio Revised Code from Senate Bill 187 that states we are required to inform any adult volunteer who has unsupervised access to a child that there is a possibility that he/she may be finger printed. I understand that services from volunteers can be discontinued by Greene County Parks & Trails at any time, for any reason.

All volunteers will be subject to a background check, annually. Individual volunteers may be asked to also complete a finger print check.

A photocopy of the authorization will be as effective as the original.

\_\_\_\_\_  
Applicants Signature

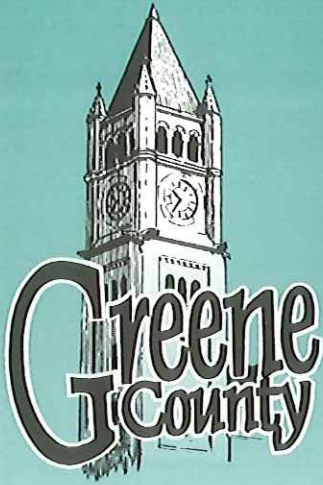
\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian if applicant is under 18 yrs old

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian name (please print)

\_\_\_\_\_  
Phone number



Board of Commissioners

Department of Risk Management

105 E. Market Street  
Xenia, Ohio 45385-3111

Phone: (937) 562-5213  
Fax: (937) 562-5236

# VOLUNTEER RELEASE, CONSENT FORM AND WAIVER OF LIABILITY AND WORKERS COMPENSATION BENEFITS

**ALL VOLUNTEERS:**

I, or my parent/guardian if I am a minor child (hereinafter "the Volunteer"), hereby release, indemnify and hold harmless the Board of Greene County Commissioners and Elected Officials, the Greene County Park District, and the County Department sponsor of the volunteer site(s) (hereinafter "the County"), from any and all liability, claims, demands, and causes of action of whatever kind or nature (including workers compensation attributed to the County for illness/injury/disability) incurred in conjunction with volunteering for the program identified below. In addition, the County has my permission to use any photographs or videos taken for publicity purposes. This waiver is valid until rescinded in writing by the Volunteer.

Volunteer Name: \_\_\_\_\_ Volunteer Age: \_\_\_\_\_  
Volunteer Address: \_\_\_\_\_  
Volunteer Birthdate: \_\_\_\_\_ Phone #: \_\_\_\_\_  
County Program/Department: \_\_\_\_\_  
General Tasks: \_\_\_\_\_  
Apx # Hours Per Week: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_  
**Date** **Volunteer's Signature**  
\_\_\_\_\_  
**Volunteer's Name – Please Print**

**MINOR CHILD VOLUNTEERS:**

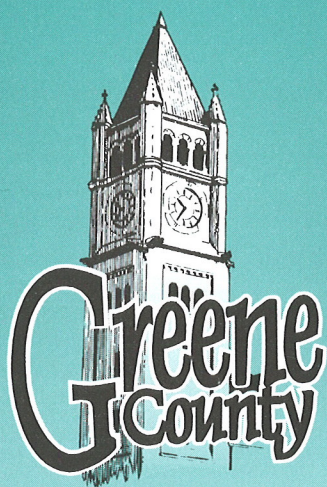
In compliance with Chapter 4109 of the Ohio Revised Code, all volunteers under eighteen years of age must present this completed form and a CERTIFIED copy of the minor's birth certificate to be kept on file with the County as a condition to volunteer.

I, \_\_\_\_\_, as Parent/Guardian of the Minor Child listed above, hereby consent to the volunteer work and terms described above with the County in accordance with laws regulating the volunteering of minors.

\_\_\_\_\_  
**Date** **Minor Volunteer's Parent/Guardian Signature**  
Full Address of Parent/Guardian: \_\_\_\_\_

c: Volunteer File  
Volunteer or Parent/Guardian





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RIDER RELEASE

Reason for Travel: \_\_\_\_\_  
Date of Event: \_\_\_\_\_ Event Location: \_\_\_\_\_  
Hosting County Employee & Dept.: \_\_\_\_\_  
Frequency:  One Time Event  Recurring Event, Adn'l Dates \_\_\_\_\_

I, \_\_\_\_\_, or my parent/legal guardian if I am under 18 years of age, (hereinafter referred to as "Rider"); have requested that Greene County grant me permission to ride in a County vehicle. Greene County has indicated that it is willing to grant such request provided this instrument is executed which releases the County from any resulting liability and if the Rider confirms a clear understanding of the rules governing this privilege. These rules consist of:

- 1) UNDER NO CIRCUMSTANCES is the Rider permitted to drive the County vehicle;
- 2) The Rider MUST be covered under a qualified health plan; and
- 3) The Rider MUST, whenever in the vehicle, be restrained by a lap belt/shoulder restraint or other restraint as may be required by law.

In consideration of the permission granted by Greene County, I (and my parent/legal guardian if I am under 18 years of age) release and forever quit claim and discharge Greene County and its officers, deputies, agents and employees from and against any and all claims, suits or demands, which I, my parent/legal guardian, my heirs, executors, administrators or other persons claiming under or through me, have or can or might have as a result of any losses, damages, expenses, personal injuries or death, which I, my parent/legal guardian or any persons whomsoever claiming under or through me, may suffer or sustain while exercising said permission or arising as a result of such permission, in any motor vehicle, in or on any property or premises owned or operated by Greene County whether said losses, damages, injuries or death result(s) from the negligence of Greene County, its officers, deputies, agents and employees, or are otherwise caused.

\_\_\_\_\_  
Signature of Rider \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Rider's Parent / Guardian \_\_\_\_\_  
Date  
*If Rider is under 18 years of age*

***This Release is not valid until approved by a representative of the Greene County Commissioners or Greene County Administrator***

APPROVED AS REQUESTED:

\_\_\_\_\_  
Board of Commission Representative or \_\_\_\_\_  
Date  
County Administrator Representative