

705 Oakwood St. Suite G-4 Ravenna, OH 44266 (330) 297-7728 phone www.portageparkdistrict.org

Volunteer Application Form

Please print clearly or type		Date:
Name	first	middle initial
Home Address		
City	State	Zip
Cell Phone	Work Phone	
E-Mail		
Birth Date		
In Case of Emergency, whom may we cont	tact?	
Name	Relationship	
Day Phone	Evening Phone	
Describe your formal education experience:		
Highlights of previous work and volunteer experi	ience, including dates:_	
Why are you interested in volunteering for the P	Portage Park District?	
Special skills and training, especially as it relates	s to potential volunteer v	vork:
Are you able to hike for at least 2 miles of varied	d terrain?	_

Do you have any physical limitations, allergies or fears that might limit your ability to volunteer for certain duties? If yes, please explain:			
Hobbies and interests:			
How often can you volunteer? (choose one)			
Once/week?Twice/week?Once/month?Twice/month			
Other (please explain):			
How many hours per month can you volunteer?			
Preferred days:Preferred hours:			
Which volunteer activities interest you?			
 □ Trail monitoring by foot or bike □ Staffing the Park District information booth for special community events □ Photography/Videography □ Assisting with nature education programs □ Trail and park maintenance (trail trimming, painting, minor construction) □ Assisting with resource management in the parks (research, ecomanagement) Other interests: 			
Are you currently employed?May we contact your employer for a reference?			
Name of Employer:Phone number:			
Personal references: List 2 people, not related to you, whom you have known for at least 1 year			
NamePhone			
NamePhone			
Are you willing to submit to a background check, if required for certain volunteer jobs?			
All of the information contained in this application is true to the best of my knowledge. The undersigned individual does hereby release, discharge and acquit Portage Park District, the Portage Park District Foundation, their Boards and any employees and agents from any and all liability which may arise from their and/or their minor's role as a Volunteer. The undersigned authorizes the use of any photos/videos taken of themselves for Park District promotions and publications. It is understood that the undersigned exercises the waiver knowing fully the circumstances of the activity, and knowingly, accepts any risk involved therein.			
SignatureDate			
Please sign and return this form to: Portage Park District 705 Oakwood St. Suite G-4, Ravenna, OH 44266			