



**Moon Parks and Recreation**

**Volunteer Services**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_ Birth Date \_\_\_\_\_

(If under 18) Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Other than parent)

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**Waiver/Release**

I understand that I or my child (if applicant is under 18) releases Moon Parks and Recreation, The Township of Moon and Township Personnel from liability. I understand and acknowledge that as a Moon Parks and Recreation volunteer, I or my child (if applicant is under 18) will not be covered by the Township of Moon and Workers Compensation policy or any other insurance policies for any injuries or damages sustained while performing volunteer duties as outlined in the volunteer job description. In the event of an emergency, I hereby give the Moon Parks and Recreation and the Township of Moon permission to seek medical attention for myself or my child (if applicant is under 18).

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

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if applicant is under 18)