



Moon Parks and Recreation
Volunteer Services
Volunteer Application 2011

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ DOB: _____

Emergency Contact Name: _____ Phone: _____

If under 18/ Parent Guardian: _____ Phone: _____

Area(s) of Interest:

- | | |
|--|---|
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Outdoor/Environmental Programs |
| <input type="checkbox"/> Park Beautification/Clean Ups | <input type="checkbox"/> Program Assistant |
| <input type="checkbox"/> Historical Program Docent | <input type="checkbox"/> Other _____ |

Why would you like to be a Moon Parks & Recreation Volunteer?

When are you available to volunteer?

Year –round	_____	Comments: _____
Summer only	_____	_____
Daytime	_____	_____
Evenings	_____	_____
Weekends	_____	_____

T-shirt Size: S___M___L___XL___

Please Provide Three References:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Permission for photographs/video/website? Yes ___ No ___

Primary physician: Name: _____ Phone: _____

Please list any medical conditions or allergies: _____

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 id under 18)

Signature of Volunteer/Parent Guardian (if under 18) _____ Date _____