



Greene County Parks & Trails

Application for Volunteer Services

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State/Zip _____

Phone: _____ E-Mail: _____

Driver's License # _____

Current/Previous Employer: _____

Current/Previous position held: _____

Current/Previous volunteer experience: _____

Please provide two references OTHER THAN RELATIVES:

Name: _____ Phone: _____

Name: _____ Phone: _____

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 misrepresentation/omission may be grounds for dismissal.

All volunteers will be subject to an annual background check.

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

I have received a copy of the GCP&T Volunteer Manual and understand I am responsible for reading/understanding its contents. I understand additional county policies are available for review. Any adult volunteer who has unsupervised access to children may be required to be finger printed. I understand that information in this manual is not all inclusive. I agree to abide by GCP&T volunteer policies.

Applicant's Signature

Date

Parent/Guardian if applicant is under 18 yrs. old

Date

Parent/Guardian name (please print)

Phone number

Revised: March 2018