

NEW ALBANY PARKS AND RECREATION

VOLUNTEER FORM

Name: _____ Date: _____

Street, City, and Zip: _____

Phone Number: _____ Date of Birth: _____
(xxx-xxx-xxxx) (mm/dd/yyyy)

Emergency Contact Name & Relationship: _____

Emergency Contact Phone Number(s): _____

AGREEMENT TO SERVE

By submitting this form, I certify all statements I have made on this form are true and correct and I hereby authorize the New Albany Parks and Recreation department to investigate the accuracy of this information. I understand that I am working at all times on a voluntary basis, without monetary compensation or benefits, and not as a paid employee. I give the New Albany Parks and Recreation department permission to use any photographs or videos taken of me during my service without obligation or compensation to me. I understand that the New Albany Parks and Recreation department reserves the right to terminate a volunteer's service at any time. I understand that the New Albany Parks and Recreation department is not liable for an injury or accident occurring while in route to and from or while on duty. **PARENTAL PERMISSION:** I understand that the New Albany Parks and Recreation department requires volunteers under 18 years of age provide the written permission of their parent or legal guardian in order to volunteer.

Signature

Date

Signature (Parental signature if under 18)

Date