

# VOLUNTEER GROUP APPLICATION

**RETURN TO**  
Erie MetroParks  
Volunteer Coordinator  
3910 Perkins Ave.  
Huron, Ohio 44839

## GROUP INFORMATION

Organization Name .....

Address .....  
STREET CITY STATE ZIP

Organization Phone .....

## ORGANIZER INFORMATION

Group Representative Name .....  
LAST FIRST

Cell Phone .....

## ACTIVITY INFORMATION

Activity Detail .....  
.....  
.....  
.....  
.....  
.....

Erie MetroParks Staff Assigned .....



(419) 625-7783 | [behere@eriemetroparks.org](mailto:behere@eriemetroparks.org)

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## ACKNOWLEDGEMENTS

All the information contained in this application is true to the best of my knowledge. Erie MetroParks has permission to run a basic background check and the right to refuse volunteer service at their discretion. Any injuries sustained while volunteering are the responsibility of the volunteer. Erie MetroParks is not to be held liable. By signing, the Volunteer agrees to indemnify and hold harmless the Board of Park Commissioners of Erie MetroParks, its officers, employees, agents and volunteers from any injury, or damage to self or property.

The undersigned also understands and agrees that no workers' compensation from Erie MetroParks will be received. If a child is under the age of 13, a parent or guardian will be present to supervise the child during the volunteer activities.

EMP does not and shall not discriminate against any volunteer on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

[illegible]