VOLUNTEER APPLICATION

RETURN TO

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

	VOLUNTEER INFORMATION ————————————————————————————————————		
Name			
LAST	FIRST	MIDDLE INITIAL	
Address			
STREET	CITY	STATE ZIP	
Home Phone	Cell Phone		
E-mail Address			
Preferred Method of Contact	Age range?		
PHONE E-MAIL TEXT	14 - 17	18+	
EMERG	ENCY CONTACT		
Name			
Relationship to Applicant(s)	FIRST	MIDDLE INITIAL	
Home Phone	Cell Phone		
Hobbies, Interests, Passions			
Other Skills or Certifications			
A P			

VOLUNTEER APPLICATION

Which volunteer opportunities interest you Check all that apply.	1:
Adopt-A-Trail	Greeter
At-Home Projects	Invasive Plant Control
Bluebird Monitoring	Outdoor Recreation
Clerical	Program Assistant
Construction/ Woodworking	Special Events/Outreach
Which park locations interest you? Check all that apply.	
Any Parks As Needed · · · · · · · · · · · · · · · · ·	Preferred Park
ACKNOWLEDGEMENTS	
All the information contained in this application is true to sion to run a basic background check and the right to refusustained while volunteering are the responsibility of the visigning, the Volunteer agrees to indemnify and hold harm MetroParks, its officers, employees, agents and volunteers	use volunteer service at their discretion. Any injuries volunteer. Erie MetroParks is not to be held liable. By less the Board of Park Commissioners of Erie
The undersigned also understands and agrees that no worreceived. If a child is under the age of 14, a parent or gurvolunteer activities.	•
EMP does not and shall not discriminate against any volution gender, gender expression, age, national origin (ancestry status, in any of its activities or operations.	
Signature of Applicant	Date
Signature of parent/legal guardian if applicant is under 18	
Check here if you DO NOT agree to allow pictures, videos, or	recordings of yourself