

Volunteer Contact Form

Personal Information

Name: _____

Phone: (Home) _____ (Mobile) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Availability

_____ Flexible _____ Weekdays _____ Evenings _____ Weekends

Skills and Interests

Educational Background: _____

Current Occupation: _____

Hobbies, Interests, Skills: _____

Previous Volunteer Experience: _____

The Park District recognizes the importance of volunteers and the role that volunteers provide for the citizens of Allen County. Volunteers are expected to comply with all rules and regulations set forth by the Park District including a criminal records check through BCI and the FBI.

With this waiver, I hereby release all persons providing such information to the Johnny Appleseed Metropolitan Park District from any liability, civil or criminal, that might arise from releasing this information. I further certify that the statements made on this form are true and correct.

Signature _____

Date _____

