ASHTABULA COUNTY METROPARKS

VOLUNTEER APPLICATION

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

___ Weekday mornings
___ Weekday afternoons
___ Weekday evenings
___ Weekend mornings
___ Weekend afternoons
___ Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

___ Bike Patrol
___ Bicycle Safety and Repair
___ Trail Maintenance
___ Children's Programs
___ Teen Programs
___ Environmental Science
___ Events
___ Educational Support
___ Fundraising
___ Grant Writing
___ Photography
___ Marketing/Public Relations
___ Nature Programs/Hikes
___ Recreation & Sports
___ Senior Programs
___ Special Events
___ Parks Maintenance
___ Newsletter Production
___ Volunteer Coordination
___ Field Work
___ Other (please specify) _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Education – Year Completed

Middle/High School	College
1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6

Occupation

Place of Employment

List any physical or medical conditions the Ashtabula Metroparks should be aware of:

Have you ever been convicted of a felony crime?

No or Yes

If Yes please state the date and nature of the offense:

Ashtabula County Metroparks recommends a current tetanus shot

Date of your last tetanus shot?

2 References – not related

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Permission for use of photographs

Do you grant permission for the Ashtabula County Metroparks, its representative or employees, permission to take and use your photograph, with or without your name, for the purposes of publicity, illustration, advertising, and web site content?

_____Yes _____No

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

In consideration of my participation in volunteer activities in and around the Ashtabula County Metroparks and Greenway Trails, I do hereby declare myself to be medically able to participate in volunteer activities of the Ashtabula County Metroparks. I understand that there may be risks involved in all physical activities, and I agree to familiarize myself with all equipment, rules and physical demands related to the activities that I undertake.

I agree to hold the Ashtabula County Metroparks and the Board of Commissioners, employees, volunteers, and sponsors free from all liability and/or claims for injury or damages to property or person. I hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of the Ashtabula County Metroparks. A set of fingerprints and criminal check may be required.

Name (printed)	
Signature	
Date	
Parent Signature (under 18)	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Return To

Ashtabula County Metroparks
Attn: Volunteer Services

4338 Lake Road West, Building B
Ashtabula, OH 44004
(440) 576-0717 or info@ashtabulametroparks.com