

# 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       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

### Interests

Tell us in which areas you are interested in volunteering

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

### 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.

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**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**

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**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  
25 W. Jefferson Street  
Jefferson, OH 44047  
(440) 576-0717 or [info@ashtabulametroparks.com](mailto:info@ashtabulametroparks.com)