



Lake Metroparks Volunteer Application

Office use only:

Application received on: _____ orientation date: _____ staff: _____ computer #: _____
 shirt name tag handbook ID card hang tag # _____ BMV Photo Release
 Background Check Approved date: _____ Placement: _____

Lake Metroparks Volunteer Office
8668 Kirtland-Chardon Rd.
Kirtland, Ohio 44094
(440) 256-2121/256-2150/256-3825 Fax: (440) 256-3827
E-mail: mwalker@lakemetroparks.com

Name: _____ **Today's date:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Machine	Access at Home, Place number	Access at Work, Place number
Telephone		
Fax Machine		
Cell Phone		
E-mail		

(Optional) Birth Date: _____ **Gender:** M F

Person to contact in case of emergency:

Name: _____ Phone number: (____) ____ - _____ Relationship: _____
 Name: _____ Phone number: (____) ____ - _____ Relationship: _____

Service Commitment

I understand that I have made a volunteer service commitment to Lake Metroparks. I shall complete all training required and fulfill the assignments to which I have committed. I, the undersigned, state that all information completed is true. I authorize Lake Metroparks to verify the information by any means necessary.

Ohio Law Notice to Current and Prospective Volunteers: In accordance with the Ohio Law 187 Sec. 109.575 effective March 22, 2001 all organizations and entities that may have volunteers who regularly have unsupervised access to children, the organization or entity must inform the person that, at anytime, the person might be required to provide a set of fingerprints and criminal records check might be conducted with respect to the volunteer. **ALL Lake Metroparks** volunteers that may have unsupervised access to children might be required to have fingerprinting and a criminal background check.

Applicant's Signature: _____ **date:** _____

Lake Metroparks Volunteer Waiver

In consideration of my participation in volunteer activities in and around Lake Metroparks, I do hereby declare myself to be medically able to participate in volunteer activities of Lake 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 Lake Metroparks and the Board of Commissioners, employees, volunteers, and sponsors free from all liability and/or claims for injuries 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 Lake Metroparks.

Applicant's Signature: _____ **date:** _____

- List any physical/medical conditions Lake Metroparks needs to be aware of:

- Education: circle last school year completed: 4 5 6 7 8 9 10 11 12 College: 1 2 3 4
Other: _____

- Occupation: _____
Place of employment: _____

- References (no relatives please):

(name)	(phone number)	(relationship)

- Please list the day(s) and time(s) you are available to volunteer:

- Please indicate your main area of interest(s):

- | | | |
|--|---|---|
| <input type="checkbox"/> Adapted Recreation/
Special Olympics | <input type="checkbox"/> Farming | <input type="checkbox"/> Recreation & Sports |
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Fishing | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Gardening | <input type="checkbox"/> Senior programs |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Golf Course | <input type="checkbox"/> Stewardship |
| <input type="checkbox"/> Children's Programs | <input type="checkbox"/> High School Project | <input type="checkbox"/> Support Service |
| <input type="checkbox"/> Citizens for Lake Metroparks | <input type="checkbox"/> Historical Interpretation | <input type="checkbox"/> Team programs |
| <input type="checkbox"/> College Project/Internship | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Tourism Corporate Sales &
Development |
| <input type="checkbox"/> Crafts & Hobbies | <input type="checkbox"/> Lake Metroparks Foundation | <input type="checkbox"/> Visitors Service |
| <input type="checkbox"/> Driver/Courier | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Wildlife Rehabilitation Center |
| <input type="checkbox"/> Educational Support | <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Nature Programs/Hikes | |

- List your previous volunteer experience:

- How did you learn about Lake Metroparks Volunteer programs?

This information does not bar you from volunteering, but may effect placement:

- Have you ever been convicted of a felony crime? No Yes:
If you have answered yes, please state the date and nature of the offense:

The Lake Metroparks recommends that all volunteers have a current tetanus shot.

- What was the date of your last tetanus shot? _____

Lake Metroparks does not discriminate on the basis of race, color, religion, gender, age, nationality or disability in employment, services, programs or activities.