

HANCOCK PARK DISTRICT
Volunteer In the Parks Program
ADULT APPLICATION FORM



Hancock Park District Mission Statement

The Mission of the Hancock Park District is to create, preserve, protect and manage a system of parks, nature preserves and outdoor recreational facilities to be held in public ownership with a focus on local, natural, historical and cultural resources and maintained for the leisure use, education and enjoyment of this and future generations.

GENERAL INFORMATION:

Volunteer Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Day) _____ (Cell) _____

Email: _____ Date of birth: _____

EMERGENCY CONTACT:

Name:	Phone	Relationship to VIP
1. _____		
2. _____		

VOLUNTEER EXPERIENCE:

Have you been a volunteer before? YES _____ NO _____ If so, where, length of time, duties?

EMPLOYMENT STATUS: (check what applies)

Employed: _____ Not working: _____ Student _____ (full-time/part-time)

Retired: _____ Current employer, or if retired previous employer: _____

INTERESTS: What special skills, knowledge, abilities, and/or experience do you have that might be helpful to the HPD Volunteer In the Parks program?

TIME AVAILABLE: (AM, PM, evenings, weekends) _____

VIP POSITIONS: complete job descriptions available upon request

Position(s) Interested In:

- Adopt-A-Park - provide on-going support, clean-up, landscaping, stewardship, improvements
- Adopt-A-Trail - assist with litter pick-up, trail improvements
- Discovery Center Assistant - help with programs at the Discovery Center
- Environmental Education Assistant - assist with day camps, hikes, presentations
- Gold Award/Eagle Scout Project - complete your requirements to earn your scout award
- Horticulture Assistant - help with plantings and maintenance of horticulture areas
- Living History Volunteer- portray a living history character, advanced training required
- Maintenance/Operations - assist with painting, small projects, repairs
- McKinnis Gardener - help maintain perennial plantings, herb cultivation, harvesting, weeding
- Outdoor Recreation - assist at canoe workshops/float trips, disc golf tournaments
- Stewardship/Wildlife Monitoring - monitor bluebird boxes, spring wildflowers, frog and toads, observe birds during Project FeederWatch, invasive species control, seed collection
- Special Events - help during special events and annual festivals with clean-up and set-up

Others Interests: check all that apply

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Bird Feeding | <input type="checkbox"/> Parking attendant |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Research |
| <input type="checkbox"/> Exhibit help | <input type="checkbox"/> Reptile care |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Host/hostess | <input type="checkbox"/> Working with children |
| <input type="checkbox"/> Other _____ | |

OTHER CERTIFICATIONS OR SKILLS: _____

ACKNOWLEDGEMENT:

All of the information contained in this application is true to the best of my knowledge. The Hancock Park District has the right to refuse volunteer service at their discretion.

I acknowledge that I am volunteering to assist the Hancock Park District and understand that as a volunteer that I will not be compensated for my donated services. I am not eligible for any workers' compensation benefits and I am not covered by any medical insurance in the event that I become injured while volunteering and the Hancock Park District cannot be held liable .

I fully agree to authorize and grant permission to the Hancock Park District to use images of myself for the purposes or promoting the Hancock Park District. I understand that I will not receive any compensation and they may appear in publications or other promotional locations (exhibits, website, brochures, printed materials, exhibits, signs, presentations, etc.) for the purposes of explaining or promoting the mission and opportunities provided by the Hancock Park District.

I have read and understand the above.

Volunteer Name: _____ Date: _____

Volunteer Signature: _____

Return Volunteer Application to:
Hancock Park District Volunteer Coordinator
1424 East Main Cross St., Findlay, OH 48540 419-425-7275

Hancock Park District
ADULT VOLUNTEER EMERGENCY MEDICAL FORM

To be completed by volunteers over 18 years of age.

PLEASE PRINT

Volunteer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

EMERGENCY CONTACT:

Name:	Phone	Relationship to VIP
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1. _____

2. _____

VOLUNTEER CONSENT FOR TREATMENT:

In the event of a medical emergency, the Hancock Park District will make every reasonable effort to contact those persons aforementioned before authorizing any medical treatment.

In the event of a medical emergency and those aforementioned cannot be reached, I grant permission to the Hancock Park District to seek medical attention by my personal physician and dentist and/or authorize the treatment and/or hospitalization by an emergency medical physician on staff at _____ (hospital or clinic preference) or the nearest medical facility. I understand the Hancock Park District does not furnish accident insurance and all medical bills are my responsibility.

Volunteer Signature: _____ Date: _____

MEDICAL INFORMATION: (share as much information as you are comfortable with)

Medical Insurance Company: _____

Policy Number: _____

Primary Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Do you any health problems, allergies, or disabilities? _____

If so, please explain, _____

Any special medications? _____

Please return with Volunteer Application to:
Hancock Park District, Volunteer Coordinator – 1424 East Main Cross Street, Findlay, OH 45840
419-425-7275 hpdparks@hancockparks.com