

HANCOCK PARK DISTRICT
Volunteer In the Parks Program
MINOR/YOUTH 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 Minor Signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

(If volunteer is under 18 years of age, the custodial parent/legal guardian must sign. If the minor lives with both parents, both must sign the Parental Consent Form.)

PARENTAL CONSENT FOR MINOR VOLUNTEERS:

I have read and understand the volunteer application clearly. I understand that my child named in the application form wishes to participate in volunteer activities for the Hancock Park District and I hereby grant my permission for him/her to serve in this capacity. I do agree to assume all risks and hazards incidental to their participation in the program and do hereby waive, release, absolve and agree to hold harmless the Hancock Park District, its affiliated organizations, board, employees and/or volunteer workers or any of its representatives from any claim arising out of any injury in connection therewith. I understand that the Hancock Park District does not furnish accident insurance and all medical bills are the responsibility of the parent or guardian.

Volunteer Minor Name: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number(s): _____

PERMISSION TO PICK UP MINOR:

Other than myself, (name) _____, the following persons have permission to pick up my child from Hancock Park District scheduled activity(s). Please list up to two persons who have permission to pick up your child below.

Name of Minor Volunteer: _____

Names of authorized persons to pick up minor volunteer, a photo I.D. will be required:

Name	Relationship	Phone
1. _____		
2. _____		

Please return the Volunteer Application to:
Hancock Park District
Volunteer Coordinator
1424 East Main Cross Street, Findlay, OH 45840
419-425-PARK/7275
www.HANCOCKPARKS.com

Hancock Park District
MINOR VOLUNTEER EMERGENCY MEDICAL FORM

To be completed for minor volunteers under the age of 18.

PLEASE PRINT

Name of Minor: _____ Birth Date: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone Number(s): (where parent/guardian/alternate contact) can be reached during volunteer hours)

Name: _____ Phone: _____ Relationship: _____

1. _____

2. _____

3. _____

Emergency Medical Authorization – Consent for Treatment of a Minor

Hancock Park District will make every reasonable effort to contact parent(s) or legal guardians of children left in our care before authorizing any medical treatment.

In the event that the aforementioned VIP minor has an medical emergency and the HPD staff cannot contact me, I/we give permission to have the child properly cared for by the personal physician and dentist and/or authorize the treatment and or hospitalization of my child by an emergency medical physician on staff at _____ (hospital or clinic preference) in case of any accident or illness that may arise during my/our absence or availability. I understand the Hancock Park District does not furnish accident insurance and all medical bills are my responsibility.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

If volunteer is under 18 years of age, the custodial parent/legal guardian must sign. If the minor lives with both parents, both must sign.)

Medical Insurance Company: _____

Policy Number: _____

Minors' Doctor: _____ Phone: _____

Minors' Dentist: _____ Phone: _____

Does your child have any health problems, allergies, or disabilities? If so, please explain:

Last Tetanus or DPT: _____ Current Weight: _____ Height: _____

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