



## VOLUNTEER APPLICATION

Today's Date: \_\_\_\_\_

**Please return your complete application to:** LaGrange County Parks, 505 W 700 S, Wolcottville IN 46795

Fax: 260-854-2225 or email to [parks@lagrangeparks.org](mailto:parks@lagrangeparks.org)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail Address \_\_\_\_\_

☐ Please check if volunteer is under age of 18. (Parent will sign last line if under 18.)

Have you ever volunteered for LaGrange County previously? If yes, in what capacity?

How are you able to help?

\_\_\_\_ Special Events      \_\_\_\_ Sap collecting      \_\_\_\_ Trail Maintenance  
\_\_\_\_ Prepare Mailers (stickers & stamps)      \_\_\_\_ Interpretation/Education      \_\_\_\_ Habitat and Wildlife Projects

What skills or experience do you have that may relate to the above chosen topics and to the Parks Department?

What days are you available for volunteer work?

\_\_\_\_ All    \_\_\_\_ Monday    \_\_\_\_ Tuesday    \_\_\_\_ Wednesday    \_\_\_\_ Thursday    \_\_\_\_ Friday    \_\_\_\_ Saturday    \_\_\_\_ Sunday

How often would you like to volunteer? \_\_\_\_\_

### EMERGENCY CONTACT:

Relative/Friend \_\_\_\_\_

Best Phone Number \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Special concerns (allergies, etc.) \_\_\_\_\_

### Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that myself or the student named above is capable of withstanding both the physical and mental demands of volunteering or recreational activities. I also expressly assume all risks of myself or student above in participating in the activities, whether such risks are known or unknown to me at this time. I further release the LaGrange County Parks, its employees, agents, officers, volunteers, and joint powers authorities of which it is a member, from any and all claims, demands, rights and causes of action that may arise from volunteer work with the LaGrange County Parks Department.

### First Aid and Emergency Treatment

I recognize that there may be occasions where the I or student named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the LaGrange County Parks to seek and secure any needed medical attention or treatment for myself or student named. I give permission for the attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery. I, the undersigned, agree to pay for all medical costs.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

(required if student is under 18 years of age)