



VOLUNTEER APPLICATION

Today's Date: _____

Please return your complete application to: LaGrange County Parks, 0505 W 700 S, Wolcottville IN 46795
Fax: 260-854-2225 or email to parks@lagrangeparks.org

Name _____

Address _____

City & State _____ Zip Code _____

Home Phone _____ Cell 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?

What categories interest you?

- Nature Center host Sap collecting Trail Maintenance
- Special events Education/Interpretation Habitat and Wildlife Projects

What skills or experience do you have that you would like to use in your volunteer work?

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 _____

Home Phone _____ Cell Phone _____ Work Phone _____

Special concerns (allergies, dietary, 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 and costs arising from this action to obtain medical treatment. I give permission for the attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Volunteer Signature _____ Date _____

Adult Signature _____ Date _____

(required if student is under 18 years of age)