

City of Wooster
Recreation Department
VOLUNTEER APPLICATION FORM



Please return ASAP prior to involvement in any program to:
Wooster Parks and Recreation Department
241 S. Bever St., Wooster, OH 44691
All INFORMATION MUST BE PROVIDED

Name: _____ Birth Date: _____ Social Security # _____

Address: _____
Street City Zip E-mail

Phone: _____ May we call you at work? ____ Yes ____ No
Home Cell Work

Volunteer Interest

Coaching: _____ School: _____ Grade: _____ Boys or Girls: _____
List Sport

Division: _____

Have you ever been convicted of a criminal offense or traffic violation? (Other than a minor misdemeanor, i.e., speeding, stop sign, assured clear distance, etc) If the traffic violation was of amore serious nature such as DUI, driving under suspension, leaving the scene, etc, you must answer yes to the question and specify below. ____No ____Yes (failure to disclose will exclude participation from program)

If yes, please specify: _____

*NOTE: Criminal convictions or substance abuse convictions, (multiple convictions never eligible), will exclude persons from volunteer positions with our youth programs.

1. Please list any physical/medical conditions or limitations that might affect/limit your ability to perform volunteer duties.
2. What specialized training/experience do you have that might assist with volunteer projects?

Please read and sign the following:

Our liability coverage is extended to members of the Public Entities Pool. A member includes:

- A. You (City of Wooster) your governing boards, commissions, or councils;
- B. While acting on your behalf or in your interest, and past, present or future:
 - a. Member of your governing body, boards, commissions or councils;
 - b. Elected or appointed official;
 - c. Employee acting within the scope of their employment;
 - d. Volunteer or student who performs a service for you at your request; or
 - e. Volunteer fire company, volunteer ambulance service or other volunteer emergency services entity.

This is quoted from the agreement, which we have with the Public Entities Pool.

Please understand that this is liability coverage only. If anyone holds the volunteer liable for any action he/she takes on behalf of the City of Wooster, we have coverage for his or her defense. Exception: we will not defend acts which are malicious or which are contrary to City policies, local, state or federal laws.

We do not insure the property of those who volunteer on our behalf. In other words, we do not cover the automobiles of volunteers; nor do we cover their volunteer work.

In lieu of coverage, volunteers may not recruit other volunteers without the knowledge of the Parks and Recreation Department and ALL volunteers must fill out this Volunteer Application form to be considered for coverage.

I have read and understand the insurance coverage for volunteers as stated above. I will protect and save the Wooster Parks and Recreation Department harmless from any and all claims for injuries or damages to property or person resulting from volunteering time and services in and around the Department system and from other acts or occurrences while participating in the Volunteer Program.

By signing my name below, I hereby certify that I have completed this application form truthfully and accurately, and I authorize the Wooster Parks and Recreation Department to verify, if necessary, my responses by any lawful means.

Signature

Date

IF UNDER 18, parental permission agreement MUST be signed.
I GIVE MY PERMISSION FOR MY CHILD TO VOLUNTEER WITH THE PARKS AND RECREATION DEPARTMENT.

Printed Name _____ Signature _____