



Volunteer Applicant's Information:

Name: _____

Address: _____

Phone: (work) _____ (home) _____ (cellular) _____

E-mail: _____

Emergency Contact:

Name: _____

Phone #: _____ Relationship: _____

If the applicant is under 18 years of age:

School: _____ Grade: _____

Is this to fulfill a school or organization requirement: Yes No

If so, how many hours are needed? _____

By what date do you need to complete these hours? _____

Participation Agreement:

ATTENTION: ALL VOLUNTEERS MUST READ AND SIGN THIS SECTION

Prince William County Department of Parks & Recreation assumes no liability for injuries or damages from the result of my/my child's participation as a volunteer. Due to the strenuous nature of some activities, individuals are strongly urged to check with his/her physician prior to volunteer participation. To the best of my knowledge there are no existing physical or other conditions which would prohibit or interfere with my/my child's participation as a volunteer.

Prince William County Department of Parks & Recreation has my permission to contact medical personnel in the case of an emergency and/or send me/my child to a hospital/urgent care facility. Medical personnel have my authorization to provide treatment which a physician deems necessary for the well being of me/my child. Prince William County Park Department of Parks & Recreation personnel will make every reasonable attempt to contact me/my emergency contact.

I hereby release Prince William County Department of Parks & Recreation, its agents and employees from any and all liability for bodily or personal injury or property loss suffered by me/my child resulting from participation as a volunteer. I acknowledge that the Prince William County Department of Parks & Recreation has informed me of the risks and dangers involved and I voluntarily assume those risks.

Signature: _____ Date: _____

(Signature of Parent/Guardian if child is under 18 years of age)