

**CLAY COUNTY DEPARTMENT OF
PARKS, RECREATION & HISTORIC SITES**
17201 Paradesian – Smithville, Missouri 64089 – (816) 407-3650
(One Form Per Family)

VOLUNTEER ENROLLMENT FORM

Date: _____ E-Mail _____
Name: _____ Phone (Home): _____
Address _____ Phone (Work): _____
City _____ State: _____ Zip: _____

PLEASE CHECK VOLUNTEER PROGRAM

- () Adoption of an Area () Park Host () Park Maintenance
() Golf Maintenance () Golf Marshall (X) Special Event/Project
() Instruction/Recreation Program _____
() Other (Name job or interested area) _____

1- SKILLS AND INTERESTS

Education Background: _____
Current Occupation: _____
Hobbies, Interests, Skills: _____
Previous Volunteer Experience: _____

2- AVAILABILITY (If applicable)

AT WHAT TIMES ARE YOU AVAILABLE FOR VOLUNTEERING?

Day(s) Available: (Circle) MON TUE WED THURS FRI SAT SUN

Time Available: (Circle) MORNING AFTERNOON EVENING ALL DAY

3- STATISTICAL AND RECOGNITION PURPOSES

AGE GROUP: (Circle) Under 16 16-20 20-30 30-40 40-50 50-60 Over 60

BIRTHDAY: Month Day

HOW DID YOU HEAR ABOUT US? () Referred by friend/volunteer () K.C. Star

() Park Department Brochure () Volunteer Opportunity Bulletin

() Other _____

WHO IS YOUR EMPLOYER? _____

Every so often we may let them know how much we appreciate the time you spend volunteering for us. Would that be OK with you. _____ Yes _____ No

If volunteering as a family please list all names under 18 years old:

SIGNATURE OF VOLUNTEER:

DATE:

SIGNATURE COORDINATOR OR SUPERVISOR

DATE:

TERMINATION OF AGREEMENT

Agreement Terminated On _____
Date

Signature

Clay County Family Waiver of Liability and Photo Release

(One Form Per Family)

This agreement releases **Clay County Missouri** from all liability relating to injuries that may occur during the _____
By signing this agreement, I agree to hold **Clay County** entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in **public lands clean up**. I swear that I am participating voluntarily, and am aware of risks that may be associated with this activity. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against **Clay County Missouri** for any reason. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I also hereby grant **Clay County Missouri** permission to use my likeness in a photograph in any and acknowledge that any photos taken may be used in any or all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the Clay County Missouri and will not be returned. I hereby irrevocably authorize the **Clay County Missouri** to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the **Clay County Missouri** programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge the Department of Labor from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature) (Date)

(Printed Name) (Phone Number)

(Signature) (Date)

(Printed Name) (Phone Number)

(Signature) (Date)

(Printed Name) (Phone Number)

(Full Address)

(Emergency Contact) (Phone Number)

If the person signing is under age 21, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature) (Date)

(Parent/Guardian's Name Printed) (Phone Number)