

St. Charles County Parks and Recreation Volunteer Enrollment

201 N. 2nd St. Rm 510 St. Charles, Mo. 63301

Date: _____

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City/State/Zip: _____
Birthdate: _____ ___ Male ___ Female
Email: _____
Employer: _____ Current Occupation: _____

In Case of Emergency Call:

Name: _____ Relationship: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Work Phone: _____

How did you hear about us?

___ Referred by a Friend ___ Newspaper
___ Volunteer Opportunity Handout ___ Other

Are you a member of any group that volunteers with St. Charles County Parks? If yes, which group

Skills and Interests

Educational Background: _____
Skills and Abilities: _____
Hobbies and Interests: _____
Previous Volunteer Experience: _____

Mark any areas in which you are interested in volunteering

___ Trail Work ___ Educational ___ Special Event ___ Clerical
___ Historical ___ Horticulture ___ Maintenance ___ Dog Park

What days and times are you generally available to volunteer?

Have you ever been convicted or is a charge pending against you for any offense, other than parking tickets, to include but not limited to a felony, misdemeanor, and or a quasi-criminal offense by either civil or military authorities? Yes No

The information on this enrollment form is accurate and correct to the best of my knowledge and I consent to a criminal background check prior to volunteering.

Signature: _____ Date: _____



Volunteer Agreement

Effective the date of signing, the undersigned (print name) _____ does hereby agree to indemnify and hold harmless St. Charles County and the St. Charles County Parks and Recreation Department and any of its employees or agents representing or related to St. Charles County from any and all claims arising from my participation as a volunteer. I agree not to sue and forever release, waive, and discharge St. Charles County from any and all liability to me or my personal representatives, assigns, heirs, children, dependents, spouse, and relatives from any and all claims, causes of action, losses, judgments, liens, costs, demands, or damages that are caused by any injury (including death) to me or my property that arise from my participation as a volunteer. I assume all risks associated with my participation as a volunteer. I understand that my participation as a volunteer in this activity is purely and solely voluntary and that I am not an employee, contractor, or representative of St. Charles County. Notwithstanding the above, I recognize that I may be eligible for Workers Compensation benefits if I am injured while volunteering for the Parks and Recreation Department.

I further agree to abide by all the rules and regulations promulgated by the St. Charles County Parks and Recreation Department.

I agree to volunteer with the St. Charles County Parks and Recreation Department effective the date of signing (date) _____.

I agree to submit volunteer hours to the parks department electronically via the web site or on a monthly basis by emailing the information and/or weekly volunteer time sheet to parks@sccmo.org.

I agree to notify the St. Charles County Parks Ranger Duty phone at (314) 713-4394 when working or volunteering in any St. Charles County Park without park staff supervision.

I hereby waive all rights to any and all photographs of myself or my children, which may be utilized in various brochures, flyers, activity guides, websites, or other media publications specifically to market St. Charles County Parks and Recreation Department's programs and events.

Signature of Volunteer or Guardian

Date

Youth Signature (any volunteer under the age of 18)

Date

Email Address

Cell Phone Number