



# Lake Metroparks Volunteer Application

Office use only:

Application received on: \_\_\_\_\_ orientation date: \_\_\_\_\_ staff: \_\_\_\_\_ computer #: \_\_\_\_\_  
 shirt  name tag  handbook  ID card hang tag # \_\_\_\_\_  BMV  Photo Release  
 Background Check Approved date: \_\_\_\_\_ Placement: \_\_\_\_\_

Lake Metroparks Volunteer Office  
30525 Lake Shore Blvd.  
Willowick, Ohio 44095  
(440) 585-3418/585-2322/585-2520 Fax: (440) 585-3224  
E-mail: volunteer@lakemetroparks.com

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Machine	Access at Home, Place number	Access at Work, Place number
Telephone		
Fax Machine		
Cell Phone		
E-mail		

(Optional) Birth Date: \_\_\_\_\_ Gender:  M  F

### Person to contact in case of emergency:

Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

*If emergency contacts cannot be reached, Lake Metroparks reserves the right to seek medical assistance at the nearest medical facility and will be held harmless in all legal issues that may arise from this decision.*

### Service Commitment

I understand that I have made a volunteer service commitment to Lake Metroparks. I shall complete all training required and fulfill the assignments to which I have committed. I, the undersigned, state that all information completed is true. I authorize Lake Metroparks to verify the information by any means necessary. Lake Metroparks reserves the right to dismiss volunteer(s) at any time for any reason; advance written notice is not required.

**Ohio Law Notice to Current and Prospective Volunteers:** In accordance with the Ohio Law 187 Sec. 109.575 effective March 22, 2001 all organizations and entities that may have volunteers who regularly have unsupervised access to children, the organization or entity must inform the person that, at anytime, the person might be required to provide a set of fingerprints and criminal records check might be conducted with respect to the volunteer. **ALL Lake Metroparks** volunteers that may have unsupervised access to children might be required to have fingerprinting and a criminal background check.

Applicant's Signature: \_\_\_\_\_ date: \_\_\_\_\_

### Lake Metroparks Volunteer Waiver

In consideration of my participation in volunteer activities in and around Lake Metroparks, I do hereby declare myself to be medically able to participate in volunteer activities of Lake Metroparks. I understand that there may be risks involved in all physical activities, and I agree to familiarize myself with all equipment, rules and physical demands related to the activities that I undertake. I agree to hold Lake Metroparks and the Board of Commissioners, employees, volunteers, and sponsors free from all liability and/or claims for injuries or damages to property or person. I hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of Lake Metroparks.

Applicant's Signature: \_\_\_\_\_ date: \_\_\_\_\_

- Can perform your task with or without accommodations?  
With \_\_\_\_\_ without \_\_\_\_\_
- Education: circle last school year completed: 4 5 6 7 8 9 10 11 12 College: 1 2 3 4  
Other: \_\_\_\_\_
- Occupation: \_\_\_\_\_  
Place of employment: \_\_\_\_\_
- References (no relatives please):

(name)	(phone number)	(relationship)
_____	_____	_____
(name)	(phone number)	(relationship)

- Please list the day(s) and time(s) you are available to volunteer:

- Please indicate your main area of interest(s):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Adapted Recreation/<br>Special Olympics | <input type="checkbox"/> Farming                    | <input type="checkbox"/> Recreation & Sports                   |
| <input type="checkbox"/> Animal Care                             | <input type="checkbox"/> Fishing                    | <input type="checkbox"/> Sailing                               |
| <input type="checkbox"/> Biking                                  | <input type="checkbox"/> Gardening                  | <input type="checkbox"/> Senior programs                       |
| <input type="checkbox"/> Boating                                 | <input type="checkbox"/> Gift Shop                  | <input type="checkbox"/> Special events                        |
| <input type="checkbox"/> Canoeing                                | <input type="checkbox"/> Golf Course                | <input type="checkbox"/> Stewardship                           |
| <input type="checkbox"/> Children's Programs                     | <input type="checkbox"/> High School Project        | <input type="checkbox"/> Support Service                       |
| <input type="checkbox"/> Citizens for Lake Metroparks            | <input type="checkbox"/> Historical Interpretation  | <input type="checkbox"/> Team programs                         |
| <input type="checkbox"/> College Project/Internship              | <input type="checkbox"/> Kayaking                   | <input type="checkbox"/> Tourism Corporate Sales & Development |
| <input type="checkbox"/> Crafts & Hobbies                        | <input type="checkbox"/> Lake Metroparks Foundation | <input type="checkbox"/> Visitors Service                      |
| <input type="checkbox"/> Driver/Courier                          | <input type="checkbox"/> Maintenance                | <input type="checkbox"/> Wildlife Rehabilitation Center        |
| <input type="checkbox"/> Educational Support                     | <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Other _____                           |
|  | <input type="checkbox"/> Nature Programs/Hikes      |  |

- List your previous volunteer experience:

- How did you learn about Lake Metroparks Volunteer programs?

*This information does not bar you from volunteering, but may effect placement:*

I, \_\_\_\_\_, confirm by signing this statement, that I have not been convicted of a crime of child abuse, unlawful sexual behavior or a felony. Furthermore, I grant Lake Metroparks permission to acquire any criminal records that I may have incurred \_\_\_\_\_

*The Lake Metroparks recommends that all volunteers have a current tetanus shot.*

- What was the date of your last tetanus shot? \_\_\_\_\_

Lake Metroparks does not discriminate on the basis of race, color, religion, gender, age, nationality or disability in employment, services, programs or activities.

# Volunteer Agreement

As a volunteer for Lake Metroparks Volunteer Program I agree:

- To accept my assignment with an open mind and willingness to learn.
- To accept supervision by staff member and/or volunteer staff in order to do a better job.
- To be responsible for my volunteer work and to act with proper consideration for those I work with.
- To notify the volunteer office of any changes in my situation that will effect my completing my assignment.
- To follow the guidelines provided to me.
- To make a legitimate effort to be on time to my volunteer assignment.

## **VOLUNTEER SEXUAL AND OTHER UNLAWFUL HARASSMENT Policy and Procedures**

Lake Metroparks is committed to providing a work environment that is free of discrimination and unlawful harassment. Actions, words, jokes, or comments based on an individual's sex, race, ethnicity, age, religion, or any other legally protected characteristic shall not be tolerated. As an example, sexual harassment (both overt and subtle) is a form of employee misconduct that is demeaning to another person, undermines the integrity of the employment relationship, and is strictly prohibited.

Any employee who wants to report an incident of sexual or other unlawful harassment shall promptly report the matter to his or her supervisor. If the supervisor is unavailable or the employee believes it would be inappropriate to contact that person, the employee shall immediately contact the Division Head or Personnel Department.

*Employees/Volunteers can raise concerns and make reports without fear of reprisal.*

*Any supervisor or manager who becomes aware of possible sexual or other unlawful harassment shall promptly advise the Volunteer Program Manager, Division Head, Personnel Department, and Executive Director who shall handle the matter in a timely and confidential manner.*

*Anyone engaging in sexual or other unlawful harassment shall be subject to disciplinary action, up to and including termination of volunteer service.*

I understand that, should I fail to comply with the guidelines or fail to keep the commitment without giving the Lake Metroparks Volunteer Department adequate notice, I will not be able to complete my volunteer service with the Lake Metroparks.

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Please Print

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Signature

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Date

*Lake Metroparks*  
**PHOTOGRAPHY MODEL RELEASE**

I, \_\_\_\_\_ grant permission to Lake Metroparks to use images of me and/or my minor child(ren) named \_\_\_\_\_ for the purposes of promoting Lake Metroparks' parks, facilities, services, programs and special events. I understand that photographs, slides, videos or digital images may appear in publications (or other printed promotional pieces), slide shows, displays, videos; on signs or the Lake Metroparks website; and/or be used in presentations for the purpose of explaining or promoting the mission and opportunities provided by the park system. Image selection, placement, cropping and reproduction will be determined at Lake Metroparks' discretion.



**VOLUNTEER**  
Consent/Release Form

Name of Organization           **Lake Metroparks**          

Applicant's Name (printed) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_