



City of Greenfield Department of Parks & Recreation

7325 W. Forest Home Ave., Room 200 | Greenfield, WI 53220 | Office Hours: (M-F) 8 AM - 5 PM

Phone (414) 329-5370 | Fax (414) 543-2369 | www.greenfieldparksrec.com

VOLUNTEER APPLICATION

(PLEASE PRINT CLEARLY)

APPLICANT INFORMATION

Name _____

Address _____

Phone (_____) _____ ☐ Home ☐ Cell

Email Address _____

Date of application _____ Best time to be reached ☐ Morning ☐ Afternoon ☐ Evening

EMERGENCY CONTACT

Name _____

Address _____

Phone (_____) _____ ☐ Home ☐ Cell Relationship to applicant: _____

AVAILABILITY

Please indicate the specific dates and times you are available to work.

TIME	Mon	Tue	Wed	Thu	Fri	Sat	Sun
From							
To							

☐ **One-Time Event**
(specify under Area of Interest)

☐ **Seasonally**
(Select Season)
☐ Winter
☐ Spring
☐ Summer
☐ Fall

☐ **Year Long**

WHAT TYPE OF VOLUNTEER SERVICE INTERESTS YOU? (Check all that apply):

- ☐ Community Events (Fall Family Fest, Tree Lighting, Breakfast with Easter Bunny, Movie Nights, etc. For a full list of Community Events visit www.greenfieldamp.com)
- ☐ AMP Events (Brews & Bits, Live! @the AMP)
- ☐ Older Adult Programs
- ☐ Other _____

SKILLS AND VOLUNTEER EXPERIENCE

What skills, qualifications, or experiences do you have that you would like to use as a volunteer? (Check all that apply)

- | | | |
|-------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First Aid Certified | <input type="checkbox"/> Leadership | <input type="checkbox"/> Experience working with children (list age range) |
| <input type="checkbox"/> CPR Certified | <input type="checkbox"/> Team Work | <input type="checkbox"/> Lawn Maintenance |
| <input type="checkbox"/> Special Event Planning | <input type="checkbox"/> Communication | <input type="checkbox"/> Leading other Volunteers |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Public Speaking | |
| <input type="checkbox"/> Other: _____ | | |

Have you volunteered for the City of Greenfield Before? ☐ Yes ☐ No

If yes, please list the dates and department _____

Are you under the age of 18? ☐ Yes ☐ No

NOTE: If you are under the age of 18, a Parent/Guardian signature is required prior to submission.

I need volunteer hours for school/college credit? ☐ Yes ☐ No

If yes, how many hours needed? _____

VOLUNTEER WAIVER AND RELEASE OF LIABILITY

The Volunteer freely, voluntarily, and without duress executes this Waiver and Release under the following terms:

The Volunteer does hereby release and forever discharge and hold the Municipality harmless from any and all liability, claims, and demands, either in law or in equity, which arise or may hereafter arise from Volunteer's activities with the Municipality.

The Volunteer understands that this Waiver and Release discharges the Municipality from any liability or claim that the Volunteer may have against the Municipality with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's activities with the Municipality, whether caused by the volunteer or by the negligence of the Municipality or its officers, directors, employees, agents, or otherwise. However, the Municipality and the Volunteer understand that the Municipality is not released from liability for harm incurred by the volunteer which results from the Municipality's intentional or reckless conduct.

The Volunteer understands that the Municipality does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness to the Volunteer.

X Volunteer's Signature _____ Date _____

IN WITNESS WHEREOF, Volunteer and Parent/Guardian of Volunteer have executed this Waiver and Release of Liability:

X Parent/Guardian Signature _____ Date _____