

**VILLAGE OF HORSEHEADS
DEPARTMENT OF PARKS & RECREATION
GROUP VOLUNTEER APPLICATION**

Thank you for taking the time to complete this application. We look forward to working with you and appreciate your generous offer to share your time and talents with our community. Please type or print clearly.

Group Name or Organization _____ Date _____

Primary Contact Name _____

Primary Address _____

Phone _____ E-mail _____

Secondary Contact Name _____

Phone _____ E-mail _____

What would your group like to do as volunteers? _____

Please list any information you consider pertinent to your group's interest in volunteering, including professional affiliations, skills, strengths, and certifications (CPR, First Aid, EMT, coaching or teaching certification, etc.)

What is motivating your group to volunteer? _____

What is your group's availability? _____

How did you hear about volunteering with Horseheads Parks & Recreation? _____

Please list the names of all participants involved. Each participant also needs to complete a Volunteer Release Form before volunteering.

Name _____ Address _____

Phone number _____ E-mail _____

Name _____ Address _____

Phone number _____ E-mail _____

Name _____ Address _____

Phone number _____ E-mail _____

Name _____ Address _____

Phone number _____ E-mail _____

I hereby certify that the information provided above is true and complete to the best of my knowledge.

Signature of Contact Person _____ Date _____

**VILLAGE OF HORSEHEADS
DEPARTMENT OF PARKS & RECREATION
GROUP VOLUNTEER REGISTRATION FORM**

Location _____ Program _____
Supervisor _____ Date _____ Hours _____

1. Name _____ Address _____
Phone _____ E-mail _____

While volunteering to assist, I will follow the direction of Horseheads Parks & Recreation staff and program guidelines. I accept full responsibility for all damages and injuries that may result for my actions. Horseheads Parks & Recreation will not be responsible for any claims of property loss or personal injury.

Signature _____ (Signed by parent or guardian if volunteer is under 18)

2. Name _____ Address _____
Phone _____ E-mail _____

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Signature _____ (Signed by parent or guardian if volunteer is under 18)

3. Name _____ Address _____
Phone _____ E-mail _____

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Signature _____ (Signed by parent or guardian if volunteer is under 18)

4. Name _____ Address _____
Phone _____ E-mail _____

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Signature _____ (Signed by parent or guardian if volunteer is under 18)

5. Name _____ Address _____
Phone _____ E-mail _____

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Signature _____ (Signed by parent or guardian if volunteer is under 18)

6. Name _____ Address _____
Phone _____ E-mail _____

While volunteering to assist, I will follow the direction of Horseheads Parks & Recreation staff and program guidelines. I accept full responsibility for all damages and injuries that may result for my actions. Horseheads Parks & Recreation will not be responsible for any claims of property loss or personal injury.

Signature _____ (Signed by parent or guardian if volunteer is under 18)

7. Name _____ Address _____
Phone _____ E-mail _____

While volunteering to assist, I will follow the direction of Horseheads Parks & Recreation staff and program guidelines. I accept full responsibility for all damages and injuries that may result for my actions. Horseheads Parks & Recreation will not be responsible for any claims of property loss or personal injury.

Signature _____ (Signed by parent or guardian if volunteer is under 18)