



INDIVIDUAL VOLUNTEER PARTICIPATION AGREEMENT

Volunteer's Name: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Birthday: _____

Emergency Contact Information

Persons to contact if I become ill or am injured while on volunteer assignment:

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Any other information you would like in our files in case of any emergency: _____

I, _____, agree to volunteer my services to the Clark County Department of Parks & Recreation in the position of _____. I understand my volunteer work schedule to be the following days: _____ during the following hours: _____ for _____ months or until the project is completed. I certify that I have read and understand the Volunteer Position/Job Description, and the rules and regulations applicable to the volunteer position and the Parks and Recreation volunteer program. I agree to abide by those rules and regulations. I further certify that I am capable of performing the duties set forth in the position description and know of no physical condition, which would preclude performance of those duties. If I cannot complete the project or otherwise meet my commitment, I will notify my supervisor immediately. I acknowledge that the County has extended its worker's compensation coverage to volunteers and I agree to accept that coverage. I also acknowledge that loss or damage of personal property used while providing volunteer services is not reimbursable under County regulations.

Date: ___/___/___ Volunteer's Signature: _____

If a volunteer is a minor (under 18 years of age), parent or guardian must also complete the following information:

I, _____, consent to allow my minor child or dependent _____ to participate in the Clark County Parks & Recreation volunteer program on the terms and conditions set forth above. I have signed this agreement on behalf of _____ and certify that I am his/her parent or legal guardian.

Date: ___/___/___ Signature of Parent or Legal Guardian: _____

On-Site Supervisor's Signature: _____ Date: ___/___/___

On-Site Supervisor's Name (print): _____