



Volunteer Application

Name: _____
Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alt. Phone: _____ Mobile Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Volunteer Program: (choose one)

- Adopt-A-Park or Path – Location: _____ Volunteer to Ski
 Recreation Volunteer Community Service Other: _____

Please list any medical conditions that may affect your activities as a volunteer: (include allergies)

Are you currently certified in any of the following? CPR _____ 1st Aid _____

Last 4 digits of Social Security Number: _____ (for use in the event of a Workman's Comp claim)

- I do NOT give permission for any photos taken of me to be used by the City of Whitefish in publications, website, and social media.

I assume all risks and hazards incidental to the conduct of the volunteer work. Further I hereby release, absolve indemnify and hold harmless the City of Whitefish, employees and any or all of them for any injuries I may, or my child may sustain as a participant in these activities. Volunteers are involved at their own risk. Further I hereby grant authority to a qualified doctor to render such treatment as deemed necessary under the circumstances.

Signature: _____ Date: _____
Volunteer

Signature: _____ Date: _____
Parent or Guardian if under 18 years of age

Signature: _____ Date: _____
Parks and Recreation Director