ELKHART COUNTY PARKS

211 West Lincoln Avenue | Goshen, Indiana 46526-3280
Phone: 574-535-6458 | Fax: 574-535-6616
www.elkhartcountyparks.org

VOLUNTEER APPLICATION

Today's Date: _____

Please return your complete application to: Elkhart County Parks, attn: Krista Daniels, 211 West Lincoln Avenue, Goshen, IN 46526-3280 or fax to 574-875-3569 or email kdaniels@elkhartcounty.com

Name _____

Address _____

City & State_____ Zip Code_____

Home Phone _____ Cell Phone _____

E-mail Address _____

☐ *Please check if volunteer is under age of 18. (Parent will sign last line if under 18.)*

EMERGENCY CONTACT:

Relative/Friend _____

Home Phone_____ Cell Phone_____ Work Phone_____

Special concerns (allergies, dietary, etc.) _____

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that myself or the student named above is capable of withstanding both the physical and mental demands of volunteering or recreational activities. I also expressly assume all risks of myself or student above in participating in the activities, whether such risks are known or unknown to me at this time. I further release the Elkhart County Parks, its employees, agents, officers, volunteers, and joint powers authorities of which it is a member, from any and all claims, demands, rights and causes of action that may arise from volunteer work with the Elkhart County Parks Department.

First Aid and Emergency Treatment

I recognize that there may be occasions where the I or student named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the Elkhart County Parks to seek and secure any needed medical attention or treatment for myself or student named and costs arising from this action to obtain medical treatment. I give permission for the attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Volunteer Signature _____ Date_____

Adult Signature _____ Date _____
(required if student is under 18 years of age)