



# ELKHART COUNTY PARKS

211 West Lincoln Avenue | Goshen, Indiana 46526-3280  
Phone: 574-535-6458 | Fax: 574-535-6616  
[www.elkhartcountyparks.org](http://www.elkhartcountyparks.org)

## COMMUNITY SERVICE APPLICATION/WAIVER

Today's Date: \_\_\_\_\_

**Please return your completed application to:** Elkhart County Parks, attn: Krista Daniels,  
211 W. Lincoln Ave, Goshen, IN 46526 or email [kdaniels@elkhartcounty.com](mailto:kdaniels@elkhartcounty.com)

### CONTACT INFO:

Name \_\_\_\_\_

Parent/Guardian Name, if applicant is under age of 18 \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### WORK ASSIGNMENT INFO:

Name of Caseworker \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Number of Hours Needed \_\_\_\_\_ By When? \_\_\_\_\_

Preferred Park: (check all that apply)

- Any County Park
- Ox Bow
- Bonneyville
- River Preserve

- Cobus
- Boot Lake
- Pumpkinvine
- Elkhart County Historical Museum

Availability: (check all that apply)

- Monday Hours: \_\_\_\_\_
- Tuesday Hours: \_\_\_\_\_
- Wednesday Hours: \_\_\_\_\_
- Thursday Hours: \_\_\_\_\_
- Friday Hours: \_\_\_\_\_
- Saturday Hours: \_\_\_\_\_
- Sunday Hours: \_\_\_\_\_



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### EMERGENCY CONTACT INFO:

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.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(required if applicant is under 18 years of age)*

**Once application is received, your request will be forwarded to the appropriate park manager. If a project is available and fits your request, the park manager will contact you with more information on possible work and scheduling details.**