



# WESTCHESTER PARK DISTRICT

## VOLUNTEER AGREEMENT & MEDICAL RELEASE FORM

(Only one per person per form – Please fill out BOTH PAGES and sign where indicated)

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation: \_\_\_\_\_

### **IN CASE OF AN EMERGENCY, PLEASE NOTIFY**

(For minor Volunteer, Please list parent or guardian first)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### **PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

(In agreeing to serve as a District volunteer, I understand and agree to the following)

1. I agree to operate within the scope of the duties associated with my volunteer position, whether performing those duties on or off District property.
2. I understand that I am not and will not be considered an employee of Westchester Park District, nor will my involvement lead to employment, nor will I receive compensation for my services. I understand that I am at all times to follow the supervision and direction of the District staff member in the enrolment of any volunteer activity. I also understand that I do not supervise other District Volunteers unless specifically authorized to do so by District staff.
3. I understand that my Volunteer relationship with the District can be terminated at any time by either party. I understand that failure to abide by any rules, regulations and/or guidelines described here or in any other form through the District may result in disciplinary action and/or dismissal as a District Volunteer
4. I understand that I am a representative of the District, and will conduct myself in a manner so as to present a positive and supportive image of the Westchester Park District. I understand that I am not authorized to enforce the rules and regulations of the District. I further understand that I am not to give interviews, submit press releases, or otherwise interact with the media without prior approval from the Director of Marketing & Public Relations.
5. I understand there are certain risks for injury in any outdoor program or activity, and that the staff and Volunteers of the Westchester Park District will make every reasonable effort

to ensure the safety and health of each volunteer or participant. Beyond this, I will not hold the Park District or its staff responsible, and I agree to assume full risk for any injury.

6. I hereby give the Westchester Park District consent to and hold the District and staff harmless for, obtaining and/or administering emergency treatment to me in the event that I am unable to obtain prompt emergency medical attention on my own behalf as a result of illness, accident, or allergic reaction. I understand that I am responsible for reporting any accidents to my supervisor.

**VOLUNTEER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**District Staff:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*\*\*\* If the Volunteer is under the age of 18, a Parent or Legal guardian must read and sign below. \*\*\*\*

“By my signature I certify that I am the parent or legal guardian of this minor volunteer. I further certify that I have read, understood and consent to all stipulations of the above disclaimer and volunteer agreement, and hereby give my permission for the minor applicant to serve as a volunteer for the Westchester Park District”.

**PARENT/GUARDIAN:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_