



Medina County Park District

Volunteer Application

Date _____

Last Name _____ First _____ MI _____

Preferred name for nametag _____ Shirt Size Sm. Med. Lg. X-Lg.

Home Address _____ City _____ St _____ Zip _____

Home Phone () _____ - _____ Cell Phone () _____ - _____

E-mail _____ *Birth Date _____ / _____ / _____

Drivers License # _____ Aliases (Maiden Name) _____

Emergency Contact _____ Relationship _____ Phone () _____ - _____

Have you volunteered for the park district in the past? Yes / No

Have you been an Ohio resident for more than five years? Yes / No

**The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.*

Which volunteer activities are you applying for?

- | | | |
|--|--|--|
| <input type="checkbox"/> Program Assistant | <input type="checkbox"/> Trail Monitor | <input type="checkbox"/> Carpentry/Construction Projects |
| <input type="checkbox"/> Program Leader | <input type="checkbox"/> Animal Care | <input type="checkbox"/> Bluebird Box Monitor |
| <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Cookie Baker | <input type="checkbox"/> Project Feeder Watch |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Puppeteer | <input type="checkbox"/> FrogWatch USA |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Land Stewards | <input type="checkbox"/> Butterfly Surveys |

Have you ever volunteered for other organizations? Yes / No If yes, please list organizations and description of service: _____

Why are you interested in volunteering for Medina County Park District? _____

Special skills and training: _____

Hobbies and interests: _____

(continued on other side)

Do you have any physical limitations or health conditions, such as allergies, which might limit your abilities to volunteer for certain duties/ Yes / No If yes, please explain your limitations: _____

Required for all positions: Applicants must submit and pass both a fingerprint and background check.

Please provide 3 references that we may contact: (excluding relatives)

Name	Address	Phone	Best time to call
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

All of the information contained in this application is true and complete to the best of my knowledge and I agree to the above listed release of personal information.

Applicants Name: (printed) _____ Date: _____

Applicants Signature: _____

Please return completed application to:

Medina County Park District
Attn: Volunteer Coordinator
6364 Deerview Lane
Medina, OH 44256

PLEASE DO NOT WRITE BELOW THIS LINE

(For Office Use Only)

Interviewed by: _____ Date: _____

Disposition: _____

Comments: _____