



# 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?

- |                         |                     |                                       |
|-------------------------|---------------------|---------------------------------------|
| _____ Program Assistant | _____ Trail Monitor | _____ Carpentry/Construction Projects |
| _____ Program Leader    | _____ Animal Care   | _____ Bluebird Box Monitor            |
| _____ Office Assistant  | _____ Cookie Baker  | _____ Project Feeder Watch            |
| _____ Special Events    | _____ Puppeteer     | _____ FrogWatch USA                   |
| _____ Photography       | _____ Land Stewards | _____ 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: \_\_\_\_\_

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**Please return completed application to:**

Wolf Creek Environmental Center  
Attn: Volunteer Coordinator  
PO Box 488  
Sharon Center, OH 44274

*PLEASE DO NOT WRITE BELOW THIS LINE*

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*(For Office Use Only)*

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition: \_\_\_\_\_

Comments: \_\_\_\_\_