



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 () _____ - _____ Work or 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 to assist with?

- | | | |
|--|---|--|
| <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"/> Invasive Species Control |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Facility Gardening | <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 back 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 a fingerprint and background check.

Please provide three 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.

Applicant's Name (printed): _____ Date: _____

Applicant's Signature: _____

Please return completed application to:

Wolf Creek Environmental Center
Attn: Volunteer Coordinator
P.O. Box 488
Sharon Center, OH 44274

PLEASE DO NOT WRITE BELOW THIS LINE

(For Office Use Only)

Interviewed by: _____ Date: _____

Disposition: _____

Comments: _____