

Washoe County Regional Parks and Open Space Volunteer Application



Name: Last		First		Middle	
Street Address			City	State	Zip Code
E-mail Address				Preferred Phone #	

Emergency Contact

Name	Relationship	Phone Number
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Related Volunteer Experience & Availability

Approximate Dates	Organization	Responsibilities

<p>Click the boxes to indicate your volunteer availability:</p> <p>Once a week Once a month</p> <p><input type="checkbox"/> Ongoing <input type="checkbox"/> As needed</p>	<p>TIME AVAILABLE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mon.</th> <th>Tue.</th> <th>Wed.</th> <th>Thurs.</th> <th>Fri.</th> <th>Sat.</th> <th>Sun.</th> </tr> </thead> <tbody> <tr> <td>A.M.</td> <td> </td> </tr> <tr> <td>P.M.</td> <td> </td> </tr> </tbody> </table>		Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.	A.M.								P.M.							
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A.M.																									
P.M.																									

How did you hear about the Volunteer Program? _____

Areas of Interest

My volunteer interests with Washoe County Regional Parks include (click boxes to check mark):

- | | | |
|---|--|--|
| <input type="checkbox"/> Community Cleanups | <input type="checkbox"/> Internship | <input type="checkbox"/> Tour Guide/Docent |
| <input type="checkbox"/> General Park Maintenance | <input type="checkbox"/> Service Hours for School | <input type="checkbox"/> Trail Maintenance/Monitor |
| <input type="checkbox"/> Litter Picking | <input type="checkbox"/> Eagle or Gold Award Scout | <input type="checkbox"/> Other: _____ |

Do you prefer a specific park or part of town? _____

Employment & Education

Name of Current Employer or School		Certifications/ Licenses	
Degree(s)	Special Skills/ Trades	Languages other than English	

As a volunteer for Washoe County Regional Parks and Open Space I agree to:

- Adhere to the policies and procedures of the County and Departments.
- Participate in initial training as well as any additional training.
- Notify immediate supervisor when sick and/or unable to volunteer in a timely fashion.
- Perform duties as outlined by the Volunteer Coordinator and program staff.
- Dress in attire suitable to the assigned tasks and as outlined by department policy.
- Provide adequate notice before terminating my volunteer commitment.

Please initial to indicate you have read the above _____

I hereby certify that all statements made in this application are true. I acknowledge that any false statement or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I understand that I am working at all times on a voluntary basis without compensation of any kind and not as a paid employee, and that this agreement can be cancelled at any time by either myself or Washoe County.

Informed Consent and Release

I, _____, offer to volunteer my services to Washoe County. I realize that I will not be paid in any way. I understand that the Department and/or I can cancel this agreement at any time.

I release Washoe County, its employees, agents, leaders, instructors, contractors, and volunteers from any liability for loss or injury to my person or property which might occur due to negligence or other acts or omissions. This release applies to any losses or injuries which may occur as a result of, or during my participation in, volunteer service.

I realize that this release is a binding contract. I have read and understand this release. I knowingly and voluntarily sign below.

Washoe County may use my photograph for any official Department publications and/or productions.

Volunteer Signature _____ **Date** _____

(IF VOLUNTEER IS A MINOR) Signature of Parent/Guardian: _____

Conditions

I fully understand, acknowledge and agree to the following conditions: Washoe County reserves the right to make the final decision on placement of volunteers. Standard background checks, in accordance with County policy, may be conducted on applicants.

All statements made in this application are true and authorization is given to investigate all matters contained in this application. I authorize Washoe County to receive any criminal history information that may be contained in the files of any national, state or local criminal justice agency. Any false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

I understand that the volunteer program does not qualify me for paid employment with Washoe County or compensation of any kind.

Volunteer Signature _____ **Date** _____

(IF VOLUNTEER IS A MINOR) Signature of Parent/Guardian: _____

**Washoe County Regional Parks and Open Space
Volunteer Agreement**

I, _____, hereby offer and agree to volunteer my services without compensation of any kind from Washoe County.

I understand and agree that I am not an employee of Washoe County while acting within the scope of this Agreement.

I understand and agree that I will be deemed to be as if I were a County employee for the purposes of NRS Chapter 41, and the Volunteer Protection Act of 1997, both of which protect me from liability for injury or damage to others caused by some acts done by me within the course and scope of my duties as assigned by my supervisor.

I understand and agree that to the extent that Chapter 41 of NRS and/or the Volunteer Protection Act do not legally require Washoe County to defend or indemnify me for my actions, that I am responsible for any such defense, damages or injuries including any defense of, or damages or injuries to, Washoe county or its employees which result from those actions which may include, but are not limited to, willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious flagrant indifference to the rights or safety of the individual harmed by the volunteer; and for harm caused by the volunteer operating a motor vehicle, vessel, aircraft, or other vehicle for which the State requires the operator or the owner of the vehicle, craft, or vessel to possess an operator's license, or maintain insurance.

(Please select one): I certify that _____ I am _____ I am not at least 18 years of age.

I am in good physical condition adequate to perform the duties for which I have volunteered, and I agree to tell my supervisor of any significant change in my health which would affect my ability to perform the duties for which I have volunteered.

I understand and agree that my position or duties may require me to undergo a background investigation, and that my failure to do so, or to pass the investigation, may preclude me from volunteering with Washoe County.

I understand and agree that I am not to operate a personal vehicle, in the performance of my volunteer duties, unless specifically authorized in writing, by the Department Head. I further understand and agree that I am not to operate a vehicle owned by Washoe County, unless specifically authorized by the Board of County Commissioners, as outlined in section 5.389 of the Washoe County Code.

I understand and agree that volunteering with the County is not a right, and that my volunteer services can be terminated at any time, for any reason, with or without notice.

Volunteer Signature

Date

(IF VOLUNTEER IS A MINOR) Signature of Parent/Guardian