

# City of White Plains Recreation & Parks

## Volunteer Application



Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Please list your areas of interest: I.e. Nature, Gardening, Drama, Dancing, Music, Craft, Sports, or Other Activities:

\_\_\_\_\_  
\_\_\_\_\_

### REFERENCES:

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_ Telephone: \_\_\_\_\_

**AVAILABILITY** (Please indicate the days/hours you are available):

\_\_\_\_\_  
\_\_\_\_\_

I authorize the City of White Plains to check my background and references and I affirm that the information given by me in this application is true and correct.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**RELEASE OF LIABILITY:** I in consideration of your acceptance of myself to participate in performing Community Service on the property of the City of White Plains, NY. I understand that the volunteer service work is not supervised by City of White Plains personnel and that the volunteers take the City property at their own risks. I understand that the volunteer service may expose me to inherent dangers and risk involved in the service activity work or activities/programs including bodily injury which may result from causes related to the work activities, strenuous activity or other causes related to the activities/programs. I agree to release and hold harmless the City of White Plains its officials, officers, agents, employees and volunteers from any and against any and all liability, damage or claim of any nature arising out of or in any way related to my participation in the volunteer service work project, activities/programs except for those things caused by the sole negligence of the City. I understand that the City of White Plains does not provide accident or medical insurance and I am financially responsible for any and all medical expenses whatsoever that I may incur.

I have read, understood and agree with the terms of this release.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_