



Tarpon Springs Recreation Department Volunteer Application

Name: _____ DOB: _____
Phone: (H) _____ (W) _____ Cell _____
E-mail _____
Primary Address: _____
City: _____ Zip: _____
Seasonal Address: _____
City: _____ Zip: _____
Other Places You Volunteer: _____
Availability (Days /Times): _____

Volunteer Jobs/Areas of Interest: Please check areas of preference for volunteering:

Clerical Jobs: Receptionist _____ Secretary _____ Copying _____ Greeter _____
Filing _____ Telephone Calling _____ Envelope Stuffing _____ General Office _____
Other _____

Event Jobs: Special Events. _____ Arts & Crafts _____ Decorating _____
Event Usher _____ Ticket Taker _____ Ticket Sales _____ Chaperone _____
Concession _____ Shoreline Clean Up _____ Sports Events _____ Event Set Up _____
Event Clean Up _____ Other Areas: Specify _____

Hobbies and Interests: What are you interested in?

Emergency Information: In an emergency, please contact the following:

Name: _____
Relationship _____
Phone: _____

References: Please list the name and phone number of three character references

1. _____
2. _____
3. _____

Certification:

I have reviewed the above jobs list and the job parameters. The job(s) I am interested in are presented on this list and I certify I am both physically and mentally capable of performing the duties associated with the job.

To my knowledge, I have no present medical conditions that would either preclude me from performing any of the duties of my job, or upon doing could jeopardize my health.

Signed: _____

Date: _____

Witness: _____

Date: _____

Waiver:

I, _____, for myself, my heirs and personal representatives, hereby assume all liabilities, risks, injuries and hazards incidental to participation in any program, event or activity sponsored, or co-sponsored by the CITY OF TARPON SPRINGS, including transportation to or from the said activity. I acknowledge the fact that this program may/or does involve physical contact or other conditions where injuries may occur. I do hereby waive, release and agree to hold harmless the CITY OF TARPON SPRINGS, its officers, agents, employees, the organizers, sponsors, activity supervisors, co-sponsoring organizations and participants for and from any claim, demand, liability, costs, suits, charges or compensation for loss or injury of any kind arising from the negligence of the CITY OF TARPON SPRINGS, its agents or employees and sponsors or activity supervisors, arising from my participation in the said activity. I acknowledge that the CITY OF TARPON SPRINGS will not assume any costs relating to any injury while I am involved in this activity.

This waiver, release and indemnification is in consideration of the CITY OF TARPON SPRINGS or activity sponsor permitting my participation in the activity or program and in further consideration of the CITY OF TARPON SPRINGS not requiring self-funded liability insurance coverage as a condition precedent to my participation in the activity. I freely and voluntarily assume all risk of loss or injury arising from my participation in the activity whether due to my negligence, or the negligence of others. I acknowledge that, absent this release and indemnification, the CITY OF TARPON SPRINGS or other sponsor of the activity would not have offered me access to the activity because of unacceptable exposure to liability claims or the expense of providing a program that is risk free.

I have read and understood this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I might otherwise be entitled if I am hurt or suffer loss during my participation in the activity.

The City of Tarpon Springs, and it's agents frequently takes photographic and video images of participants for marketing and advertising purposes. If you wish for the City of Tarpon Springs not to use your likeness or the likeness of your child, please indicate so in writing to: CITY OF TARPON SPRINGS, ATTN: BLAKE MOONEY, 400 SOUTH WALTON AVENUE, TARPON SPRINGS, FL, 34689.

Volunteer Signature: _____

Date: _____

Parent (Guardian) if Youth Volunteer: _____

Date: _____

Witness Signature: _____

Date: _____

Office Use Only: Date Received: _____ Date Processed: _____ Volunteer # _____

Category: (Adult) _____ (Youth) _____ Date: _____

Job Classification: This section classifies jobs by the physical skills that may be needed.

Clerical Type Jobs

The clerical volunteer jobs listed on the front of the application in the clerical section may involve any of the following physical parameters:

Physical Requirements: Sedentary Working Conditions: Indoor (100%)

Bending: Occasional	Sitting: Frequently
Squatting: Occasionally	Standing: Occasionally
Kneeling: Occasionally	Walking: Occasionally
Climbing: Never	Lifting Weight: None to 9 lbs.
Reaching: Occasionally	Repetitive Motion: Fine Manipulations
Reaching: Occasionally	Repetitive Motion: Grasping

Event Type Jobs

The Volunteer Jobs listed on the front of the application in the event section may involve any of the following physical parameters:

Physical Requirements: Medium Working Conditions: Indoor / Outdoor

Bending: Occasionally	Sitting: Occasionally
Squatting: Occasionally	Standing: Frequently
Kneeling: Occasionally	Walking: Frequently
Climbing: Occasionally	Lifting Weight: 0 to 24 lbs
Reaching: Occasionally	Repetitive Motion: Fine Manipulations,
Pushing/Pulling, Grasping	