

SUMMIT METRO PARKS VOLUNTEER APPLICATION

Name _____ Pronoun _____

Nickname/name preferred on name tag _____ Date of Birth _____

Address _____

City _____ Zip _____

Phone _____ Email _____

Emergency Contact _____ Phone _____

What volunteer opportunity are you applying for? _____

Please share why you would like to volunteer and serve SMP. Include hour requirement and program/school name, if applies. _____

When is the typical day/time you would like to provide volunteer service? _____

1) Personal Background Check Waiver In being considered for the position of volunteer with Summit Metro Parks, I fully agree to participate in an annual background check. The background check will be used in order to determine if a criminal history exists. I authorize the release of information regarding my personal record to Summit Metro Parks. I further agree to waive any and all claims against Summit Metro Parks, its officers, employees and agents that may occur as a result of the personal background check. Criminal background checks are mandatory for anyone 18 years of age or older volunteering with Summit Metro Parks.

2) Appearance Release The undersigned, together with my child/ward agree to participate and grant exclusive permission to photograph, record and use my name, likeness, movements and voice (hereinafter "likeness") for purpose of development, production, distribution, exhibition, advertising, publicity, promotion and other commercial or non-commercial uses of Summit Metro Parks. I, and on behalf of my child/ward, hereby assign and transfer to Summit Metro Parks all of our interest in the copyrights and the photographs and/or audio-visual works in which my or my child/ward likeness appears.

3) Volunteer Waiver In consideration of my participation in volunteer activities in and around Summit Metro Parks, I do hereby declare myself to be medically able to participate in volunteer activities of Summit Metro Parks. I understand that there may be risks involved in all physical activities, and I agree to familiarize myself with all the equipment, rules and physical demands related to the activities that I undertake. I agree to hold Summit Metro Parks and the Board of Park Commissioners, employees, volunteers and sponsors free from all liability and/or claims for injuries or damages to property or person. I hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I have, or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of Summit Metro Parks.

4) Volunteer Agreement As a volunteer for Summit Metro Parks Volunteer Program I agree:

To read and adhere to the [Volunteer Handbook](#).

To familiarize myself with the written [Service Description](#) for any position I choose to perform.

These documents will be sent to you via the Volunteer Office after the successful completion of a background check (if 18 or older) and orientation.

By signing below, I attest that the information contained on this application is true to the best of my knowledge and I agree to the terms stated.

Applicant's Name (printed) _____

Applicant's Signature _____ Date _____

Parent or Legal Guardian Signature (under 18) _____ Date _____

Mail to: Summit Metro Parks, Volunteer Office, 975 Treaty Line Rd., Akron, 44313

Or email to: volunteer@summitmetroparks.org