



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 _____ SSN# _____ *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 for?

- | | | |
|--------------------------------|----------------------------------|--------------------------------|
| _____ School Program Assistant | _____ Photography | _____ Cookie Baker |
| _____ School Program Leader | _____ Trail Monitor | _____ Bluebird Box Monitor |
| _____ Program Assistant | _____ Facility Host | _____ Butterfly Survey |
| _____ Program Leader | _____ Exhibit/Float Construction | _____ Project Feeder Watch |
| _____ Event Host/Greeter | _____ Carpentry Projects | _____ Invasive Species Control |
| _____ Special Events Assistant | _____ Puppeteer | _____ Facility Gardening |
| _____ Office Assistant | _____ Assistant Grant Writer | |
- On location at the Susan Hambley Nature Center:
- | | | |
|-------------------------------|----------------------------|--------------------------------|
| _____ Office/Host | _____ Program Assistant | _____ School Assistant |
| _____ Fishing Derby Assistant | _____ Scout Program Leader | _____ Other Duties as Assigned |

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: _____

(continued on other side)

Hobbies and interests: _____

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 _____

Are you willing to submit to a background check? Required for most positions. Yes / No

Please provide 3 references that we may contact:

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.

Applicants Name: (printed) _____ Date: _____

Applicants Signature: _____

Please return completed application to:

Wolf Creek Environmental Center
Attn: Volunteer Coordinator
PO Box 488
Sharon Center, OH 44274

PLEASE DO NOT WRITE BELOW THIS LINE

(For Office Use Only)

Interviewed by: _____ Date: _____

Disposition: _____

Comments: _____