



City of Kansas City, Missouri

Parks and Recreation Department

Volunteer Application and Consent Form

Thank you for your interest in becoming a volunteer with Kansas City, Missouri Parks and Recreation. We hope to make your experience as rewarding as possible. To ensure the safety of our program volunteers, staff and participants, please complete the following volunteer application form. All volunteers working with children, senior citizens, or people with disabilities are required to undergo a background investigation consisting of a sexual offender registry and a criminal history search. The City of Kansas City, Missouri does not discriminate based on race, color, religion, sex, national origin, sexual orientation, age, or disability.

PERSONAL DETAILS

First Name: _____ Last Name: _____ DOB: _____

Address: _____

Primary Phone: _____ Email Address: _____

Do you have any family members that work for the Kansas City Parks and Recreation Department?

No Yes, who and what is the relationship? _____

VOLUNTEER PROJECT DETAILS

Please tell us a little bit about your volunteer project idea (area of interest, any applicable skills, etc.):

Are you volunteering to fulfill a school community service requirement?

No Yes If yes, number of hours needed: _____

Are you volunteering to fulfill a court-ordered community service requirement?

No Yes If yes, number of hours needed: _____

LIABILITY WAIVER/PHOTO RELEASE

The City of Kansas City Missouri Parks and Recreation Department is committed to conducting its programs, services, and activities in a safe manner and holds the safety of all volunteers in high regard. I understand that when performing tasks during volunteer workdays there are some risks. I assume all risks of injury while performing these tasks. I shall defend and hold harmless the City of Kansas City, Missouri Parks and Recreation Department, its employees, and all other individuals acting in good faith. Also, I have read and understand the Kansas City Parks and Recreation volunteer policy and will adhere to all aspects of the policy.

During KC Parks events, a photographer may be on location to take photos of participants. These pictures will be used on the KC Parks website and in marketing material, including brochures, program guides, flyers, etc. By signing this waiver, I consent to be photographed for the above-stated purpose.

Printed Name

Signature

Date

Volunteers under the age of 18 must have the consent of a parent or legal guardian to participate.

Parent/Guardian Printed Name

Signature

Date

Primary Phone: _____ Email Address: _____



City of Kansas City, Missouri
Parks and Recreation Department
Group/Corporate Application and Consent Form

Thank you for your interest in becoming a volunteer with Kansas City, Missouri Parks and Recreation. We hope to make your experience as rewarding as possible. To ensure the safety of our program volunteers, staff and participants, please complete the following volunteer application form. All volunteers working with children, senior citizens, or people with disabilities are required to undergo a background investigation consisting of a sexual offender registry and a criminal history search. The City of Kansas City, Missouri does not discriminate based on race, color, religion, sex, national origin, sexual orientation, age, or disability.

GROUP DETAILS

Organization Name: _____

Address: _____

Group Representative: _____

Primary Phone: _____ Email Address: _____

Do you have any family members that work for the Kansas City Parks and Recreation Department?

No Yes, who and what is the relationship? _____

VOLUNTEER PROJECT DETAILS

Please tell us a little bit about your volunteer project idea (area of interest, any applicable skills, etc.):

Approximately how many people will be part of your volunteer group? _____

Will any of your volunteers be under the age of 18?

No Yes If yes, parent/guardian consent is required

LIABILITY WAIVER/PHOTO RELEASE

The City of Kansas City Missouri Parks and Recreation Department is committed to conducting its programs, services, and activities in a safe manner and holds the safety of all volunteers in high regard. I understand that when performing tasks during volunteer workdays there are some risks. I assume all risks of injury while performing these tasks. I shall defend and hold harmless the City of Kansas City, Missouri Parks and Recreation Department, its employees, and all other individuals acting in good faith. Also, I have read and understand the Kansas City Parks and Recreation volunteer policy and will adhere to all aspects of the policy.

During KC Parks events, a photographer may be on location to take photos of participants. These pictures will be used on the KC Parks website and in marketing material, including brochures, program guides, flyers, etc. By signing this waiver, I consent to be photographed for the above-stated purpose.

Representative Printed Name

Signature

Date

Volunteers under the age of 18 must have the consent of a parent or legal guardian to participate.

Parent/Guardian Printed Name

Signature

Date

Primary Phone: _____ Email Address: _____



City of Kansas City, Missouri

Parks and Recreation Department

Volunteer Health Form

VOLUNTEER INFORMATION

First Name: _____ Last Name: _____ DOB: _____

Address: _____

Primary Phone: _____ Email Address: _____

EMERGENCY CONTACT INFORMATION

1st Emergency Contact Name: _____

Relationship: _____ Primary Phone: _____

2nd Emergency Contact Name: _____

Relationship: _____ Primary Phone: _____

Primary Care Physician: _____ Primary Phone: _____

Hospital Preference: _____

HEALTH INFORMATION

Please list any pertinent information concerning your physical condition.

I hereby declare that the information listed on this form is true and correct to the best of my knowledge and that I have read and understand all of the information.

Printed Name

Signature

Date

Volunteers under the age of 18 must have the consent of a parent or legal guardian to participate.

Parent/Guardian Printed Name

Signature

Date

Primary Phone: _____ Email Address: _____