

**PERSONAL DETAILS** 

## City of Kansas City, Missouri

## **Parks and Recreation Department**

**Volunteer Consent Form** 

Thank you for your interest in volunteering 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. The City of Kansas City, Missouri does not discriminate based on race, color, religion, sex, national origin, sexual orientation, age, or disability.

First Name:	Last Name:	DOB:
Address:		
Primary Phone:	Email Address:	
Emergency Contact Name:	P	Phone:
LIABILITY WAIVER/PHOTO	RELEASE	
and activities in a safe manner at tasks during volunteer workdays defend and hold harmless the Ci other individuals acting in good f policy and will adhere to all aspe	•	gard. I understand that when performing ry while performing these tasks. I shall on Department, its employees, and all nsas City Parks and Recreation volunteer
- · · · ·	grapher may be on location to take photos of patential, including brochures, program the above-stated purpose.	•
Printed Name	Signature	Date
Volunteers under the age of 18	must have the consent of a parent or legal gu	ardian to participate.
Parent/Guardian Printed Name	Signature	Date

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_