

Airway Heights Parks & Recreation

Today's Date: _____

(509)244-4845 | 13120 W. 13th Ave Airway Heights, WA 99001 | www.cawh.org/parksandrec

YOUTH VOLUNTEER APPLICATION

The Airway Heights Parks & Recreation Youth Volunteer Program is designed to get youth in the community involved in making Airway Heights a great place to live and play while gaining valuable work experience, building character, and developing leadership skills. This program is for youth ages 13 to 17 seeking volunteer opportunities for various reasons. Youth can volunteer in a number of different areas of Parks & Recreation upon approval from the Parks & Recreation Supervisor. All volunteers must be supervised by Parks & Recreation Staff or designated volunteer over 18 years of age. Youth Volunteers are not to supervise or lead programs, but rather assist in program staff and/or assigned volunteers.

Volunteer Information:

First & Last Name: _____ Date of Birth: _____

Email: _____ Cell Phone: _____

School: _____ Graduation Year: _____

Are you interested in joining the Airway Heights Youth Advisory Commission? YES NO

Shirt Size : Small Medium Large X-Large XX-Large

Parent / Guardian Information:

First & Last Name: _____ First & Last Name: _____

Phone: Home _____ Cell _____ Email: _____

Mailing Address: _____

Emergency Contact: Please list someone outside the household

First & Last Name: _____ Relationship: _____

Phone: Home _____ Cell _____ Other _____

What area of Parks & Recreation are you interested in volunteering?

Youth Sports After School Programs Senior Citizens Programs Office/Admin

Other (please explain): _____

Why are you interested in volunteering?

Community Involvement Scouts/Eagle Scout Gain Work Experience

Community Service - # of Hours: _____ Reason: _____

Other (please explain): _____

Availability:

Long Term (2+ Months) Short Term (3-8 weeks) Special Project (Less than two weeks)

Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time Available						

Previous volunteer experience: Where? _____ When? _____

What did you do there? _____

Hobbies and interests _____

Skills and certifications _____

Please provide a brief statement explaining why you would like to volunteer for Airway Heights Parks & Recreation and what you hope to gain through your experience.

Reference:

List one personal references other than a family member, such as teacher, coach, supervisor.

First & Last Name: _____ **Relationship:** _____

Phone: Home _____ **Cell** _____ **Other** _____

Volunteer Acknowledgement

I understand that I am not an employee of the City of Airway Heights, and that any duties that I perform are as a volunteer. In consideration of the benefits derived from being a volunteer for the City of Airway Heights, I do hereby voluntarily waive any and all claims against the City of Airway Heights, the sponsors, directors, and administrators, for any and all caused injuries or death which may arise in connection with being a volunteer in any activities associated with the City of Airway Heights.

By my signature, I authorize that the City of Airway Heights may conduct a background check of my driving record and my criminal record. In the event City of Airway Heights shall make an inquiry to Protect Youth Sports, regarding an applicant's conviction record, disciplinary board final decision, or civil adjudication record.

Applicants will be notified of the response within 10 working days of receipt of this information. A copy of the response will be made available to the applicant upon request.

Applicant Signature _____ Date _____

Medical Authorization and Hold Harmless Agreement – *To be signed by applicant legal parent or guardian*

Purpose: To give permission for volunteering in Airway Heights Recreation Programs.

To enable parents and guardians to authorize the provision of emergency treatment for their children who are injured or become ill while under the authority of the Airway Heights Parks & Recreation Department in the event parents or guardians cannot be reached.

This is to acknowledge that we, the undersigned parent(s) or legal guardians of _____, recognize that because of the potentially hazardous nature of recreational activities that an injury might be sustained.

In the event of such an injury to my child and we (I, my spouse or child's guardian) cannot be contacted, we give permission to a qualified and licensed physician to render such treatment as would be normal and agree to pay the usual charges for such treatment.

We (I) release the City of Airway Heights, it's employees, it's agents, it's volunteers, and its assigns from any personal injuries or damages caused by or having any relation to the activity. I understand that this release applies to any present or future injuries and that it binds my heirs, executors and administrators.

This release form is completed and signed of my own free will and with full knowledge of its significance. I have read this release and understand all of it's terms.

I agree that photographs taken of this child during such activities may be used for promotional purposes by AHPR.

Parent or Guardians Signature _____ Date _____

Preferred Hospital: _____ Family Physician: _____

Address: _____ Phone: _____

FOR OFFICIAL USE ONLY:		
Background Check Status: _____	Ordered By: _____	Date Conducted: _____
<input type="checkbox"/> Approved to Volunteer	<input type="checkbox"/> Denied _____	