

Johnny Appleseed Metropolitan Park District



Volunteer Enrollment Form



DATE: _____ DOB _____

FIRST NAME _____ LAST NAME _____ MIDDLE INITIAL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (H) _____ (W) _____ E-MAIL _____

CONTACT IN EMERGENCY _____ PHONE _____

I. SKILLS AND INTERESTS

Educational Background _____

Current Employer _____

Hobbies, Interests, Skills _____

Reasons why you would like to become a volunteer _____

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Displays, artwork | <input type="checkbox"/> Woodworking / Carpentry / carving |
| <input type="checkbox"/> Drama, puppet or marionette show | <input type="checkbox"/> Outdoor Work (litter control, planting, etc) |
| <input type="checkbox"/> Storytelling | <input type="checkbox"/> Public speaking, fundraising, etc. |
| <input type="checkbox"/> Helping in office | <input type="checkbox"/> Festivals |
| <input type="checkbox"/> Nature Guide (we will train) | <input type="checkbox"/> Wildflower / Herb Gardening |
| <input type="checkbox"/> Feeding Birds | <input type="checkbox"/> Other _____ |

Is there a person / group with whom you are interested in working? (Check all that apply)

- | | | | |
|-----------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> Children | <input type="checkbox"/> Seniors | <input type="checkbox"/> Physically Handicapped | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Males | <input type="checkbox"/> Mentally Handicapped | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Females | <input type="checkbox"/> Other _____ | |

PLEASE FILL OUT OTHER SIDE

II. AVAILABILITY

At what times are you interested in volunteering?

Am Flexible Weekdays Evenings Weekends

Please list the times you cannot volunteer: _____

Geographic preference for volunteer work:

<input type="checkbox"/> None	<input type="checkbox"/> Ottawa Metro Park	<input type="checkbox"/> Agerter Road River Access
<input type="checkbox"/> Heritage Park	<input type="checkbox"/> Teddy Bear Park	<input type="checkbox"/> Fort Amanda
<input type="checkbox"/> Allen County Farm Park	<input type="checkbox"/> Park Office / MEEC	<input type="checkbox"/> Lippincott Bird Sanctuary
<input type="checkbox"/> Deep Cut	<input type="checkbox"/> Kendrick Woods	

III. REFERENCES

List names and phone numbers of two personal references:(other than relatives)

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

How did you hear about us?

Park District Newsletter Volunteer Flier Referred by Friend/Volunteer

Newspaper Other: _____

The Johnny Appleseed Metropolitan Park District recognizes the valuable and important role that volunteers provide for the citizens of Allen County. Volunteers are expected to comply with all rules and regulations set forth by the Park District including a local criminal records check that may be completed by Park District law enforcement. With this waiver, I hereby release all persons providing such information to the Johnny Appleseed Metropolitan Park District from any liability, civil or criminal, that might arise from releasing this information. I further certify that the statements made on this application are true and correct.

Signature _____ Date _____

Please return this form to:
Johnny Appleseed Metropolitan Park District
2355 Ada Rd
Lima, OH
45801
419-221-1232

