



Volunteer Services Program Application

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 disabled individuals are required to undergo a background investigation consisting of a sexual offender registry and a criminal history search. *City of Kansas City, Missouri does not discriminate based on race, color, religion, sex, national origin, age or disability.*

First Name: _____ Last Name: _____ M.I. _____

Address: _____
Street City State Zip

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Do you have any relevant skills, training or experiences that would benefit you as a volunteer? (i.e. bi-lingual, youth development experience, event planning, etc.) _____

What volunteer opportunities interest you?

Special Events Assistance (Ethnic Enrichment Festival, Party in the Park, etc.)

Environmental Opportunities (park clean-ups, invasive brush removal, etc.)

Youth Athletics Assistance

Youth Development (tutoring, summer camp assistance, programming assistance, etc.)

Adult Athletics Assistance

Gardening Opportunities

Senior Programming Assistance

Lakeside Nature Center

Shoal Creek Living History Museum

Other (please specify) _____

How did you learn about volunteer opportunities with Kansas City Parks and Recreation? _____

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

No Yes, who and what is the relationship? _____

Are you under the age of 18? Yes No

If yes, a parent or legal guardian must sign their approval _____

AVAILABILITY

When are you available? (Check all that apply)

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

How often would you like to volunteer?

Two or more times/week Once or twice/week Once every two weeks

Periodically as needed

MANAGEMENT USE ONLY

Volunteer Type: Regular Service Special Case Periodic Partner Org.

Background Check: Full Check Reduced Check None

Volunteer Approved? Yes No Manager Signature _____



Volunteer Services Program Group/Corporate Application

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 disabled individuals are required to undergo a background investigation consisting of a sexual offender registry and a criminal history search. *City of Kansas City, Missouri does not discriminate based on race, color, religion, sex, national origin, age or disability.*

Group/Corporate/Partner Title: _____

Address: _____
Street City State Zip

Group Representative Name: _____

Phone: _____ Email Address: _____

Backup Group Representative Name: _____

Phone: _____ Email Address: _____

How did you learn about volunteer opportunities with Kansas City Parks and Recreation? _____

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

___ No ___ Yes, who and what is the relationship? _____

What volunteer opportunities interest your group?

Special Events Assistance (Ethnic Enrichment Festival, Party in the Park, etc.)

Environmental Opportunities (park clean-ups, invasive brush removal, etc.)

Youth Athletics Assistance

Youth Development (tutoring, summer camp assistance, programming assistance, etc.)

Adult Athletics Assistance

Gardening Opportunities

Senior Programming Assistance

Lakeside Nature Center

Shoal Creek Living History Museum

If you have a specific volunteer opportunity in mind, please list it here: _____

Is anyone in your group under the age of 18? Yes No

If yes, please download the parental consent form from the website and have each individual complete.

AVAILABILITY

When is your group available? (Check all that apply)

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

How often would your group like to volunteer?

Two or more times/week

Once or twice/week

Once every two weeks

Periodically as needed

MANAGEMENT USE ONLY

Volunteer Type: Regular Service Special Case Periodic Partner Org.

Background Check: Full Check Reduced Check None

Volunteer Approved? Yes No Manager Signature _____

CITY OF FOUNTAINS
HEART OF THE NATION



KANSAS CITY
MISSOURI

**CITY OF KANSAS CITY MISSOURI
PARKS AND RECREATION DEPARTMENT
VOLUNTEER HEALTH INFORMATION FORM**

VOLUNTEER HEALTH INFORMATION FORM

PLEASE PRINT

DATE _____

Last Name _____ First Name _____

Home Address _____

Birth Date _____ Weight _____ Height _____ Male ___ Female _____

Emergency Contact _____ Phone # _____

Home Address _____

Business Address _____ Phone# _____

Primary Care Physician _____ Phone # _____

Hospital Preference _____

Please list any pertinent information concerning your physical condition.

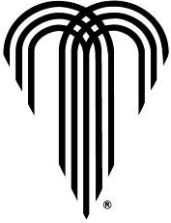
If under the age 18, please provide parent/guardian signature.

Signature _____ Date _____

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.

Signature _____ Date _____

CITY OF FOUNTAINS
HEART OF THE NATION



KANSAS CITY
MISSOURI

**CITY OF KANSAS CITY MISSOURI
PARKS AND RECREATION DEPARTMENT
VOLUNTEER & MINOR CONSENT FORM**

VOLUNTEER'S NAME:
(PLEASE PRINT) _____

VOLUNTEER CONSENT FORM

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.**

Printed Name: _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____

APPROVAL OF MINOR AS VOLUNTEER

Are you under 18 years of age? ___ Yes ___ No

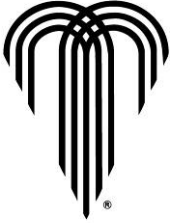
If yes, a parent or guardian's signature is required.

Parent/Guardian Printed Name

Signature

Date: _____

CITY OF FOUNTAINS
HEART OF THE NATION



KANSAS CITY
MISSOURI

**CITY OF KANSAS CITY MISSOURI
PARKS AND RECREATION DEPARTMENT
GROUP VOLUNTEER CONSENT FORM**

GROUP LEADER'S NAME:
(PLEASE PRINT) _____

VOLUNTEER CONSENT FORM

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. My signature certifies that as the group leader, I am over the age of 18. **Also, as the leader of a group of volunteers, I am verifying that each volunteer understands and will adhere to all aspects of the Kansas City Parks and Recreation volunteer policy. I understand that by signing this consent form, I am signing on behalf of all members of my volunteer group.**

Printed Name: _____

Organization Name: _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____