

Volunteer Applicant's Information:

Name:			
Address:			
	(home)		
E-mail:			
	Emergency Co	ontact:	
Name:			
	Relationship:		
	If the applicant is under	18 years of age:	
School:	organization requirement:	Grade: □ Yes	□ No
If so, how many hours are	needed?		
By what date do you need	I to complete these hours?		
	Participation Ag	reement:	
<u>ATTENTI</u>	ON: ALL VOLUNTEERS MUST	READ AND SIGN TI	HIS SECTION
damages from the result of activities, individuals are subset of my knowledge the my/my child's participation has my permission to combospital/urgent care facilit deems necessary for the Recreation & Tourism perhereby release Prince Wilfrom any and all liability for participation as a voluntee	partment of Parks, Recreation & Tof my/my child's participation as a strongly urged to check with his/here are no existing physical or other as a volunteer. Prince William Cotact medical personnel in the case y. Medical personnel have my auxwell being of me/my child. Prince sonnel will make every reasonable liam County Department of Parks, or bodily or personal injury or proper. I acknowledge that the Prince of the risks and dangers involved	volunteer. Due to the property physician prior to volunter physician prior to volunty Department of I are of an emergency and thorization to provide William County Park I attempt to contact make Recreation & Tourismerty loss suffered by now William County Depart	strenuous nature of some plunteer participation. To the uld prohibit or interfere with Parks, Recreation & Tourism d/or send me/my child to a treatment which a physician Department of Parks, ne/my emergency contact. In, its agents and employees ne/my child resulting from tement of Parks, Recreation &
Signature(Signature of Parent/Guar	dian if child is under 18 years of a	Date ge)	