



City of Olivette Parks & Recreation Department
9723 Grandview Drive, Olivette, MO 63132
T: 314.991.1249
OlivetteParksandRec.com

VOLUNTEER APPLICATION

FIRST NAME: LAST NAME:

HOME PHONE: CELL:

BIRTHDAY (if over 18 mo/day only) EMAIL:

ADDRESS: CITY ZIP:

EDUCATION: HS AA BS/BA MS/MA PhD DEGREE AREA(S):

AVAILABILITY:

Please indicate the dates you prefer to volunteer

From (Month/Day/Year) to (Month/Day/Year) OR Ongoing Yes No

TIME PERIODS

Please indicate the days and times you are usually available to volunteer.

Table with 7 columns: SUN, MON, TUES, WED, THURS, FRI, SAT. Rows for From: and To: with blank lines for input.

EMAIL PREFERENCES:

We like to keep volunteers informed of important news, schedules, and volunteer opportunities by email, however will not send you any email you prefer not to receive. Please select the types of email you would like to receive from us.

Electronic Newsletters Yes No Volunteer Recruitment Appeals Yes No

EMERGENCY CONTACTS:

ONE:

FIRST NAME: LAST NAME:

HOME PHONE: CELL: RELATIONSHIP:

TWO:

FIRST NAME: LAST NAME:

HOME PHONE: CELL: RELATIONSHIP:

MISC: Are you required by your school, service club, church, employer and/or a government agency to volunteer for a specific number of hours? Yes No

If yes, please indicate number of hours you need to complete and deadline for completion, if any.

Two horizontal lines for additional information.

VOLUNTEER APPLICATION

INTERESTS

Please indicate in which assignment(s) you are interested. Please check all that are of interest to you, this is not a firm commitment, just a starting point.

- | | |
|---|--|
| <input type="checkbox"/> Lobby Art Exhibit Curator (Com Ctr) | <input type="checkbox"/> Photography (Events/Programs/Parks) |
| <input type="checkbox"/> Arts & Crafts Docent (preschool/camps) | <input type="checkbox"/> Playground Sanitizing |
| <input type="checkbox"/> Community Center Lobby Host | <input type="checkbox"/> Special Event Volunteer |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Special Park Project Volunteer |
| <input type="checkbox"/> Education/University Intern | <input type="checkbox"/> Sports Program Assistant |
| <input type="checkbox"/> Front Desk On Call Coverage | <input type="checkbox"/> Storytime Reader |
| <input type="checkbox"/> Horticulturalist Assistant | <input type="checkbox"/> Trail Team |
| <input type="checkbox"/> Leader in Training (summer camp) | <input type="checkbox"/> Weed Warriors |
| <input type="checkbox"/> Ladies Tea Volunteer | <input type="checkbox"/> Youth Sports Coach |
| <input type="checkbox"/> Office/Clerical Support (Community Center) | |
| <input type="checkbox"/> Parks Crew Volunteer | |

Other/New Idea: _____

The City of Olivette welcomes volunteers. Volunteers play a vital role in many City programs and activities.

AGREEMENT TO SERVE

By submitting this application, I certify that all statements I have made on my application are true and correct and I hereby authorize the City of Olivette to investigate the accuracy of this information. I am aware that fingerprinting is required for most assignments before placement of applicants 18 years of age and over. I understand that I am working at all times on a voluntary basis, without monetary compensation or benefits, and not as a paid employee. I give the City of Olivette permission to use any photographs or videos of me taken during my service without obligation or compensation to me. I understand that the City of Olivette reserves the right to terminate a volunteer's services at any time. I understand volunteers are covered under the City's Worker's Compensation Program for an injury or accident occurring while on duty. It is the policy of the City of Olivette not to discriminate because of race, color, religion, sex, sexual orientation, marital status, national origin, age, or disability.

Volunteers needing special accommodation to participate in any volunteer opportunity should submit a request to the Parks & Recreation Department, Volunteer Program, at time of application.

COVID 19: Volunteers are required to follow all current St Louis Public Health Guidelines which includes mask wearing and hand washing.

Volunteer Name *(please print)*

Signature of Volunteer

Date Signed