LEADER IN TRAINING VOLUNTEER APPLICATION

FIR	ST NAME: LA	ST N	AME:		
HOME PHONE:		0	ELL:		
BIR	THDAY (year optional if over 18)		EMAIL:		
ADI	DRESS:			ZIP:	
GRADE ENTERING IN THE FALL:			SCHOOL:		
AV	AILABILITY:				
	SSION CHOICES: Please check mark a min unteer.	imun	n of three sessions you	are available to	
	Session 1: June 10 - June 14		Session 5: July 8 – July 12		
	Session 2: June 17 - June 21*No Camp 6/19		Session 6: July 15 - July 19		
	Session 3: June 24- June 28		Session 7: July 22 – July 26	3	
	Session 4: July 1 – July 5 *No camp 7/04		Session 8: July 29 – Augus	t 2-	
CC	MMUNICATION PREFERENCES:				
\∕/∩	need to keep volunteers informed of important p	ows a	nd schedules changes, and y	volunteer opportunities. F	معجما

We need to keep volunteers informed of important news and schedules changes, and volunteer opportunities. Please select the type of communication that works best for you.

□ Text	_ Phone Call				
EMERGENCY CONTACTS:					
ONE:					
HOME PHONE:	CELL:				
RELATIONSHIP:					
TWO:					
	LAST NAME:				
HOME PHONE:	CELL:				
RELATIONSHIP:					

please complete reverse side

1200 N Warson Rd, Olivette, MO 63132 T: 314.991.1249 OlivetteParksandRec.com

LEADER IN TRAINING Volunteer Application continued

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 for 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 Department of Parks & Recreation, Volunteer Program, at time of application.

Volunteer Name (please print)

Signature of Volunteer

Signature of Parent for Volunteer Under 18 Years Old