

**INDIVIDUAL OR GROUP LEADER APPLICATION FOR VOLUNTEER WORK  
Lincoln Parks & Recreation Department**

3131 O St. Suite 300, Lincoln, NE 68510 Phone: 402-441-7847 or Fax: 402-441-9249

<b>Instructions: Print or Type Responses</b>		<b>Mark with "X" where appropriate</b>	
Name: <i>(first, middle initial, last)</i> _____	Phones: Day: _____ Evening: _____ E-mail: _____		
Date of Birth: _____	If Group Leader, name of Group _____		
Street Address: <i>(include apartment number)</i> _____	City: _____	State: _____	Zip: _____
Please indicate if you are volunteering for a specific reason Estimate Volunteer Hours per Month _____ <input type="checkbox"/> Citizenship Issues <input type="checkbox"/> Diversion Services <input type="checkbox"/> Court Appointed <input type="checkbox"/> Class Requirement <input type="checkbox"/> Other: _____ Counselor/Instructor: _____ Phone: _____ E-mail address: _____ Total Volunteer Hours Required: _____			
What type of work are you interested in? <i>(Note your specific interest in that area.)</i> <input type="checkbox"/> Parks and Trails _____ <input type="checkbox"/> Public Gardens _____ <input type="checkbox"/> Pioneers Park Nature Center _____ <input type="checkbox"/> Hyde Observatory _____ <input type="checkbox"/> Recreation _____ <input type="checkbox"/> Team Sports _____ <input type="checkbox"/> Public Pools _____ <input type="checkbox"/> Events _____			
Individual's Availability: Hours desired per Day _____ Week _____ Month _____ Weekdays: Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekends: Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>			
Reference: Please list one reference (not a relative) who is able to supply information about you. Name: _____ Address _____ Phone _____			
Have you ever been convicted for a violation of law other than a minor traffic violation? <i>(If yes, explain)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes _____			

**Please read and sign:** I have read the above application and completed it to the best of my knowledge. If I am chosen for the position of volunteer, I hereby take on the responsibility of adhering to my work schedule and understand that any unauthorized absence will result in my being replaced. I further understand that any false or misleading statements will be cause for rejection of this application or for dismissal after appointment. I authorize and request any reference to answer any and all questions that may be asked, and here with to hold such persons harmless for giving all information within their knowledge or record.

*My signature indicates that I also have read and understand the Waiver and Release of All Claims on the back of this form.*

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

Signature of parent or legal guardian if applicant is under 19 years old \_\_\_\_\_

*I agree to allow my information to be shared with The Lincoln Parks Foundation*     YES     NO

**WAIVER AND RELEASE OF ALL CLAIMS  
FOR CITY OF LINCOLN, NEBRASKA VOLUNTEERS**

Please read this form carefully and be aware that in volunteering you will be waiving and releasing all claims for injuries you might sustain arising out of this participation.

As a volunteer in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I may have as a result of participating in this program against the City of Lincoln and their officials, officers, agents, volunteers and employees.

I do hereby fully release and discharge the City of Lincoln, their officials, officers, agents, volunteers and employees from any and all claims for injuries, damage or loss which I may have or which may accrue to me on account of participation in this program. I have read and understand the above Waiver and Release of All Claims.

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***FOR OFFICE USE ONLY:***

Assigned to: \_\_\_\_\_

Contact Date: \_\_\_\_\_

<i>Volunteer Date worked</i>	<i>Job completed:</i>	<i>Hours Worked</i>	<i>Staff Signature</i>