



Volunteer Application and Waiver

Complete & bring to first event. Once you have submitted a volunteer form to us, there is no need to again. Please notify us of any changes to this information.

Name _____ Date _____
 Address _____ City _____ Zip _____
 Phone _____ Email _____
 Date of Birth _____ Male _____ Female _____
 School (if applicable) _____ Grad Year _____
 Emergency Contact _____ Phone _____

My volunteer work is a requirement is for (school, scouts, work, court ordered, other):
 _____ . I need to complete _____ hours by _____ .

Do you have any dietary restrictions? If so please list them.

Please list any special skills, hobbies or interests you would like us to know about:

I hereby assume complete responsibility for any injury or damage sustained by the applicant and release West Bloomfield Parks and Recreation Commission and all sponsoring agencies of any and all liability for such injury or damages that occur during volunteer work for West Bloomfield Parks and Recreation Commission. I give West Bloomfield Parks and Recreation Commission permission to use my photographic or video image for promotional purposes.

Signature of Volunteer _____ Date _____

Signature of Parent/Guardian (if volunteer under 18 years of age) _____ Date _____