



METRO PARKS AND RECREATION

STAFF USE ONLY

Site: _____

Supervisor: _____

Date Received: _____

VOLUNTEER APPLICATION

Metro Parks believes that civic participation is a vital component of a strong parks and recreation system, and we are excited to welcome you to our Volunteer Team!

Please complete the attached Volunteer Application packet to being volunteering with Metro Parks. All three pages of the Volunteer Application Packet must be completed for processing.

Important Information about Volunteering with Metro Parks

- Metro Parks and Recreation does not utilize individual volunteers referred to do criminal court-ordered community service.
- Volunteer applications need to be renewed once every **two** years.
- Please refer to Louisville Metro Government Volunteer Policy for policy information about volunteering with Metro Parks. This may be viewed at www.louisvilleky.gov/volunteer

Important Information for Volunteers Under Age 18

- Volunteers under the age of 18 should **not** fill out the second page of this application form titled "Authorization for Records Check".
- Volunteers under the age of 18 must have the signature of a parent or legal guardian on their "Agreement to Volunteer and Accept Worker's Compensation Form" located on page three.

Thank you for your interest in volunteering with Metro Parks! Please allow at least two weeks for processing.

Please return completed applications to site of interest or the following:

Metro Parks Volunteer Office
PO Box 37280
Louisville, KY 40233
Fax: 502.456.3247



Louisville Metro Government Agreement to Volunteer and Accept Workers' Compensation Benefits

Louisville/Jefferson County Metro Government ("Metro Government") and _____
("Volunteer") agree as follows regarding volunteering and acceptance of Workers' Compensation coverage:

- 1) Volunteer agrees to perform volunteer services as directed by Metro Government and to follow Metro policies and procedures.
- 2) Metro Government agrees to provide Workers' Compensation coverage to the Volunteer pursuant to the Kentucky Workers' Compensation Act (KRS 342, et seq.), for any injuries sustained during any authorized volunteer services performed on behalf of Metro Government. Metro will pay for all medical expenses incurred by Volunteer for covered injuries, with no applicable deductible or co-payments by Volunteer, in exchange for receiving voluntary services.
- 3) Volunteer accepts the coverage of the Workers' Compensation Act as the sole remedy for any damages he/she suffers from any and all services performed for the Louisville/Jefferson County Metro Government and agrees not to seek any damages not covered by the Workers' Compensation Act, in exchange for being provided the free coverage.
- 4) Volunteer agrees the Louisville Metro Government has permission to photograph or videotape him/her engaged in volunteer activity for promotional purposes.

Louisville/Jefferson County Metro Government Department: Metro Parks

Supervisor _____ Date _____

Volunteer (signature) _____

Volunteer (print name) _____

Address _____

Email Address _____

Check here to be notified by email about other volunteer opportunities

Telephone Number _____

If the Volunteer is under the age of 18 years, his or her parent or guardian must sign below.

Volunteer Date of Birth _____ Age of Volunteer: _____

Parent or Guardian (signature) _____

Parent or Guardian (print name) _____

Please return completed application to:

Metro Parks and Recreation Volunteer Office

P.O. Box 37280

Louisville KY 40233-7280

FAX 502/456-3250



METRO PARKS AND RECREATION

Volunteer Information Form

Name _____ Date _____

Address _____

City _____ Zip _____

Primary Phone _____ cell home work
(preferred) Secondary Phone _____ cell home work

Email Address _____

Present Employer _____

Position _____

Site/Facility of interest _____

Program of interest _____

What days/hours are you available? _____

Previous volunteer experience _____

Reason for volunteering _____

How did you hear about this organization? _____

Emergency Contact Information

Name _____ Date _____

Address _____

City _____ Zip _____

Day Phone _____ Evening Phone _____

Physician _____

Dentist _____

OFFICE USE ONLY

Assigned Metro Parks Facility/Program _____

Metro Parks Facility/Program Supervisor _____

Date Approved by Facility/Program Supervisor _____