



# Volunteer in the Parks Application Form

Darke County Park District  
Volunteer Office  
PO Box 801  
Greenville, Ohio 45331  
Phone: (937) 548-0165  
[info@darkecountyparks.org](mailto:info@darkecountyparks.org)

*Please type or print clearly*

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  Male  Female Shirt Size? \_\_\_\_\_

Picture ID Provided?  YES  NO \*\*\*All information will be used by the Darke County Park District only. All information is confidential\*\*\*

Are you interested in ONLY assisting with Special Events (ex: Prairie Days)?  YES  NO

Please list the days/times that you are available to volunteer:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

How many hours do you anticipate volunteering each month?

1-5       5-10       10-20       10 or more

What volunteer opportunity are you interested in? (Check all that apply.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Adopt-A-Park (trail patrol) | <input type="checkbox"/> Darke County Parks Endowment          | <input type="checkbox"/> Maintenance               |
| <input type="checkbox"/> Animal Feeding/Clean-up     | <input type="checkbox"/> Youth Camps                           | <input type="checkbox"/> Prairie Burn Crew         |
| <input type="checkbox"/> Butterfly Monitoring        | <input type="checkbox"/> Gardening                             | <input type="checkbox"/> Reception Desk/Gift Shop  |
| <input type="checkbox"/> College Project/Internship  | <input type="checkbox"/> Historical Interpretation/Restoration | <input type="checkbox"/> Volunteer Trail Educators |
| <input type="checkbox"/> Habitat Restoration         | <input type="checkbox"/> Outreach (schools, groups etc.)       | <input type="checkbox"/> Blacksmith Shop           |
| <input type="checkbox"/> Log House Hosting           | <input type="checkbox"/> Special Events (ex: Prairie Days)     |  |

Do you have previous volunteer experience?  YES  NO If yes, where? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony?  No  Yes

If yes, please state the date and nature of the offense: \_\_\_\_\_

*\*This information does not bar you from volunteering, but may affect placement*

Special Skills/Knowledge/Hobbies:

- |  |  |   |                                   |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Public Speaking/Theater | <input type="checkbox"/> Computer Skills     | <input type="checkbox"/> Hand Tools/Power Tools | <input type="checkbox"/> Hiking   |
| <input type="checkbox"/> Blacksmithing           | <input type="checkbox"/> Cooking             | <input type="checkbox"/> Drawing/Illustration   | <input type="checkbox"/> Music    |
| <input type="checkbox"/> Teaching                | <input type="checkbox"/> Sewing/Crochet/Knit | <input type="checkbox"/> Plant Identification   | <input type="checkbox"/> Wildlife |
| <input type="checkbox"/> Writing                 | <input type="checkbox"/> Photography         | <input type="checkbox"/> History                | <input type="checkbox"/> Crafts   |
| <input type="checkbox"/> Mechanical Knowledge    | <input type="checkbox"/> Paddling/Cycling    | <input type="checkbox"/> Woodworking/Carpentry  |                                   |

Please list any additional employment, education, volunteer and personal experiences, special trainings, skills or certifications that would be helpful: \_\_\_\_\_

**\*PLEASE TURN OVER TO COMPLETE APPLICATION\***

Do you have any physical/medical conditions you wish Darke County Parks to be aware of:

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone number :(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number :(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Relationship: \_\_\_\_\_

**Service Acknowledgement**

I understand that I have made a volunteer service commitment to Darke County Park District. I shall complete all training required and fulfill the assignments to which I have committed. I, the undersigned, state that all information completed is true. I authorize Darke County Park District to verify the information by any means necessary. I understand that it is my responsibility to read and understand the Darke County Parks Volunteer Handbook. I understand that as a Darke County Park Volunteer my picture and / or video may periodically be taken for use in Darke County Parks marketing and press releases.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Ohio Law Notice to Current and Prospective Volunteers**

In accordance with the Ohio Revised Code under the Attorney General Sec. 109.575 effective March 22, 2001, all organizations and entities that may have volunteers who regularly have unsupervised access to children must inform the person that, at any time, the person might be required to provide a set of fingerprints and/or a criminal records check might be conducted with respect to the volunteer. ALL Darke County Park District volunteers who may have unsupervised access to children might be required to have fingerprinting and a criminal background check. <http://codes.ohio.gov/orc/109.575>

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required of all volunteers 18 years and under)

**Darke County Park District Volunteer Waiver**

In consideration of my participation in volunteer activities in and around Darke County Park District, I do hereby declare myself to be medically able to participate in volunteer activities of Darke County Park District. I understand that there may be risks involved in all physical activities, and I agree to familiarize myself with all equipment, rules, and physical demands related to the activities that I undertake. I agree to hold Darke County Park District and its Board of Commissioners; employees, volunteers, and sponsors free from all liability and/or claims for injuries or damages to property or person. I hereby for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which I have or which may hereby accrue to me arising out of or connected with my participation in any activities of Darke County Park District. I understand that I am not covered under the Darke County Park District Workers Compensation Policy.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(required of all volunteers 18 years and under)

***Darke County Park District does not discriminate on the basis of race, color, religion, gender, age, nationality, or disability in employment, services, programs, or activities.***

*Office Use Only:*  
Application received on: \_\_\_\_\_ Background Check: \_\_\_\_\_  
Training Date: \_\_\_\_\_ Training Complete: Safety Log House Reception Desk VTE  
Placement: \_\_\_\_\_ Updated: \_\_\_\_\_