

**VOLUNTEER ENROLLMENT FORM**

Date \_\_\_\_\_

NAME \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

CONTACT IN EMERGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

PLEASE LIST THE DAYS OF THE WEEK AND TIMES OF THE DAY YOU ARE AVAILABLE. \_\_\_\_\_

**SKILLS AND INTERESTS (CHECK ALL THAT APPLY)**

- |  |  |
|--|--|
| <input type="checkbox"/> TRAIL MONITORING          | <input type="checkbox"/> NATURE PROGRAM ASSISTANT  |
| <input type="checkbox"/> BLUEBIRD TRAIL MONITOR    | <input type="checkbox"/> GARDENING/LANDSCAPING     |
| <input type="checkbox"/> TRAIL CLEARING & CLEAN UP | <input type="checkbox"/> CARPENTRY                 |
| <input type="checkbox"/> SPECIAL EVENTS ASSISTANT  | <input type="checkbox"/> FUND RAISING              |
| <input type="checkbox"/> NATURAL HISTORY RESEARCH  | <input type="checkbox"/> TREE PLANTING             |
| <input type="checkbox"/> NATURE DAY CAMP HELPER    | <input type="checkbox"/> WORKING ON LARGE MAILINGS |
| <input type="checkbox"/> BIKEWAYS                  | <input type="checkbox"/> OFFICE/CLERICAL           |
| <input type="checkbox"/> PHOTOGRAPHY               | <input type="checkbox"/> WEEDING PRAIRIE GARDENS   |
| <input type="checkbox"/> BAKING FOR BAKE SALES     | <input type="checkbox"/> MOWING PARKS & TRAILS     |
| <input type="checkbox"/> OTHER _____               |  |

**PARKS WHERE YOU WOULD MOST LIKE TO VOLUNTEER: (PLEASE CIRCLE)**

LOWE-VOLK PARK

SEARS WOODS STATE NATURE PRESERVE

UNGER PARK

HECKERT NATURE PRESERVE

**GENERAL QUALIFICATIONS**

- \*Possess a sincere interest in volunteer work and willingness to make a commitment.
- \*Enjoy working with other people.
- \*Support the Crawford Park District’s mission of preserving the natural heritage of Crawford County for public enjoyment.

**REQUIRED IF UNDER 18 YEARS OF AGE:**

I certify that my son/daughter is fully capable of participating as a volunteer and has my permission to participate as a volunteer for the Crawford Park District.

\_\_\_\_\_  
(age if under 18)

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Date)

**VOLUNTEER POLICY Please make sure you have read and understand the following:**

The Crawford Park District does not provide Workman’s Compensation or any other insurance coverage for volunteers.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)

**Please return form to: Crawford Park District, 2401 State Route 598, Crestline, Ohio 44827.** Thank you for your support of the Crawford Park District. Volunteers contribute in many important ways to the successful development of parks, nature preserves, and programs. We look forward to working together with you in the parks!