

TUALATIN HILLS PARK & RECREATION DISTRICT Park Name: Length of Project:

Natural Resources Department Event Check-In & Insurance Information

Park Name: Length of Project: Total Number of Volunteers: YD³ Removed: # Planted: Special Event/Activity:

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OR Guardian Signature (if applicant is under 18 years)

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First Name	Last Name	Тс	oday's Date	
Mailing Address			- CD: II	
City/State/Zip			ate of Birth under 18)	
Home Phone	Сотр	Company/School/Group		
Cell Phone	Email		_	
Emergency Contact	Phone	F	Relationship	
If you are signing for yo	outh volunteers, please also	complete:	_	
☐ I am authorized, responsible signing this waiver for the follow volunteers under age 18.	e and Name of group or individual na ving	mes:	# in group:	
****	*************	*********	****	
How did you hear about u	ıs?			
Are you interested in one	-time opportunities \square or o	ngoing opportun	ities? □	
Why are you interested in	volunteering with THPRD?	Community Involve	ment	
☐ Gain Work Experience ☐ I	Employee Involvement Program	Court-Ordered	Service Learning High School	
☐ Service Learning College ☐ C	Other (please explain)			
	Volunteer Insurance	e Waiver		
	OT covered by the Park Districe your own health insurance in the			
	Park District's General Liability al injury to the public as a result o eation District.	•	•	
but may on occasion be a equipment, you must have a	rized to drive Park District or puthorized to operate off-road ovalid Oregon Driver's License. You an accident. You should have yo	equipment. If you will be covered fo	operate off-road r property damage or bodily	
understand I will not have a THPRD to conduct a backgro	the foregoing information on volur claim against the Park District for i und check. If your child is under 1 on to and from the volunteer activ	njury and damages 8 years, the parent	s. I also give my consent to	
Applicant's Signature		Today's Date		
Witness Signature (must be 18 y	vears or older)	Today's Date		