



CITY OF | **UPPER
ARLINGTON**

PARKS & RECREATION DEPARTMENT

3600 Tremont Road • Upper Arlington, Ohio 43221-1595
Phone: 614-583-5300 • Fax: 614-457-6620 • www.uaoh.net

VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: () _____-_____ Evening Phone: () _____-_____

Email Address: _____

T-Shirt Adult Size (circle one) S M L XL XXL

EVENTS (please circle the event(s) you wish to volunteer for)

Spring Fling

Summer Celebration

Fall Fest

Winter Fest

Breakfast/Brunch with Santa

Valentines Dinner Date Night

Total hours you want to volunteer: _____

Organization _____

Comments or Special Requests: _____

Please return to: Parks and Recreation Department
chyatt@uaoh.net or
Attn: Cheryl Hyatt
3600 Tremont Road
Upper Arlington, OH 43221

By signing my volunteer commitment, if I cannot follow through on my commitment I will notify the Parks and Recreation Department at least two weeks in advance.

Volunteer Signature

Date



PARKS & RECREATION EVENT VOLUNTEER WAIVER OF LIABILITY

VOLUNTEER INFORMATION		
Name		Age
Address		City
State	Zip	Phone No.
EVENT INFORMATION		
Name		
Date	Location	

I, _____, release the City of Upper Arlington, Ohio and the Parks & Recreation Department of City of Upper Arlington from and responsibility or liability while participating as a volunteer in the City of Upper Arlington event listed above. I am volunteering of my own free will and understand that I will not receive any compensation for my service.

I, _____ fully realize the possibility of accident and/or injury and release and waive all rights to any and all claims against the City of Upper Arlington, Ohio, and any commissioner, agent, or employee, of the City of Upper Arlington, Ohio.

Volunteer Signature Or Signature Of Parent/Guardian If Volunteer Is Under 18 Date

Supervising Employee's Name & Signature Date