



The City of Westminster  
 Recreation & Parks Department  
 2011 Programs, Events & Activities Brochure  
 January-June  
 11 Longwell Avenue, Westminster, MD 21157  
 Office: 410-857-9072/410-848-9000 Fax: 410-848-8310  
[www.westminstermd.gov](http://www.westminstermd.gov)



**Volunteer Application and Agreement**  
 (Please Print)

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Best Way to Contact you ( ) Daytime Phone ( ) Evening Phone ( ) Email

Personal Information ( ) I am 18 or older Date of Birth \_\_\_\_\_

Contact Information in case of emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Medical Information

Are there any allergies, medical issues or disability concerns we should be aware of?

I agree to perform the volunteer duties to which I am assigned to the best of my ability and in a professional manner. I understand that as a volunteer, authorized by the Program Supervisor, I am afforded liability protection with respect to damages to third parties to the same extent as county employees, as long as I am acting within the scope of my duties as volunteer. The City of Westminster assumes no liability for injury to myself or damage to my personal property unless caused by the negligence of the City.

On behalf of myself and/or my child, I understand that there are inherent dangers in any recreational activity or program such as slips, falls and various athletic injuries related to sports play and/or travel. I/we hereby release and hold harmless The City of Westminster, Maryland and its officials, agents and employees from liability or obligation arising from or in connection with my/my child's volunteer activities.

IF VOLUNTEER IS UNDER 18 YEARS OR AGE, A PARENT OR GUARDIAN MUST CONSENT TO AN APPLICANT'S WORKING AS A VOLUNTEER. I HEREBY CONSENT TO MY CHILD'S PARTICIPATION IN THE CITY OF WESTMINSTER DEPARTMENT OF RECREATION AND PARKS VOLUNTEER PROGRAM

\_\_\_\_\_  
 Parent/Guardian

\_\_\_\_\_  
 Date

I hereby certify that the information provided is true and complete to the best of my knowledge I give The City of Westminster Recreation and Parks Department my permission to do a background check prior to my volunteer assignment.

I understand that I will NOT be paid as a volunteer.

PHOTOGRAPHIC RELEASE: I permit The City of Westminster Recreation and Parks Department to use and publish photographs of me and/or my children for purposes of presenting recreation activities to the community. I also give my permission to release such photographs to the news media in support of the program. \_\_\_\_\_ (PLEASE INITIAL)

\_\_\_\_\_  
 Applicant

\_\_\_\_\_  
 Date

