Volunteer Opportunities

We conduct many programs throughout the year from children all the way to adults. We would love the support to help build and strengthen our programs to reach a wide variety of the community. Please understand that we cannot guarantee that we have something in the available dates needed or something that would fit what you are looking for. This application is merely for you to be considered. We thank you for your potential service.

Volunteer Application

First name:	Last Name:
Phone Number:	Email:
Age:	Occupation:
When are you available to Vol	unteer:
Please check all that apply:	
□I am interested in working with children	n
☐I have volunteered with Coventry Parks	s and Recreation previously
□Are you volunteering independently or volunteer with you):	for a company (Please list company name and mention if others will
☐There is a date in which I need this com	nmunity service work completed (Please list date):
\square I have a special hobby or talent that co	uld be utilized during a program
(Please list):	
If there is any other information that you	would like to note here regarding volunteering with Coventry Parks
and Recreation Department:	
	Please Initial
<u></u>	arks and Recreation is not responsible for giving me definite
volunteer opportunities	

Please email this completed application to **parksandrecreation@coventryri**.org or drop it off at the Coventry Parks and Recreation Office, 1277 Main Street, Coventry RI 02816

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY FOR VOLUNTEERS AND INDEMNIFICATION AGREEMENT

I want to volunteer my services to the Town of Coventry, Department of Parks and Recreation. I certify that I am in good mental and physical condition. I acknowledge and understand that there are inherent dangers and risks associated with participation as a volunteer, including, but not limited to, dizziness, fainting, falls, muscular injuries, skeletal injuries, and cardiac and respiratory injury or trauma, and that said injury or trauma may result in serious bodily injury and/or death. I further understand that I risk aggravating any pre-existing physical condition(s) I may have and that I am hereby advised to consult with a physician prior to engaging in any major physical exertion as may occur in providing these volunteer services.

I understand that while my volunteer services will be at the direction of the Department of Parks and Recreation, its officers and employees, I am nevertheless, not an employee of the Town of Coventry. Moreover, I understand that no employee relationship is created between me and the Town of Coventry or the Department of Parks and Recreation and that I will receive no compensation of any kind for my participation as a volunteer. I hereby understand that Coventry Parks and Recreation is not held accountable for giving any volunteer worker steady and consistent hours.

In consideration of the Town of Coventry allowing me to participate as a volunteer, I agree not to sue and forever release, waive and discharge the Town of Coventry and its officers, employees, agents, representatives, and the various sponsoring agencies and entities (hereinafter referred collectively as the "Releasees") from any and all liability to me or my personal representatives, assigns, heirs, children, dependents, spouse and relatives for any and all claims, causes of action, losses, judgments, costs, demands or damages that are caused by or arise from any injury to me (including death) or loss or damage to my property, regardless of the cause(s) of such injury, loss or damage. I assume all risks associated with my participation as a volunteer. I agree to defend, indemnify, and hold harmless the Releasees from and against any and all liabilities, claims, liens, actions, causes of action, costs or expenses of any nature whatsoever arising from any damage, loss, or injury (including death) caused by me, in whole or part, or directly associated with my actions or inactions as a volunteer.

I understand that the Town of Coventry shall not be responsible for the loss or theft of personal property or damage to personal property caused by Town employees and officers, other volunteers, or the public.

I understand that the said volunteer will be subjected to a criminal background check before they attend volunteer opportunities to ensure the safety and stability during their volunteer hours at a program site.

I hereby acknowledge that I have carefully read this entire document, that I fully understand its contents, that I am over the age of 18, that I am signing this document of my own free will and without coercion, and that I intend for this document to be legally binding. To the extent permitted by law, this document shall include my child or children and my capacity as guardian for my child or children if I am signing on behalf of my minor child or children who will participate as a volunteer(s).

Print Name of Signing Party	
Name of Minor Child or Children (if any)	
Address	
City, State, Zip	
Contact #	Emergency Contact #
Email Address:	
Signature	Date