

 Recreation Department

 14860 North State Ave.
 Middlefield, Ohio 44062-1019

 Phone (440) 632-5248
 Fax (440) 632-0591

VOLUNTEER APPLICATION FORM

Date of Application	_	
Position Applying For: ☐ Official/Umpire/Scorekeeper Sp ☐ Head Coach Sport(s): ☐ Assistant Coach Sport(s): ☐ Volunteer Coach Sport(s):		
PERSONAL DATA		
Name:	Email:	
Gender: Male/Female		
Home Address:		
City:	_ State:	Zip:
Home Phone:	Cell:	
Previous Volunteer Experience:		
What experience do you have relat	ted to this volu	nteer position?

- I hereby certify that the information provided above is true and complete to the best of my knowledge.
- I give Middlefield Recreation Department permission to do a background check prior to my volunteer assignment. I understand that my volunteer service is contingent upon receiving satisfactory background check results.
- I understand that I will not be paid as a volunteer.
- I understand that I will serve at the pleasure of the Middlefield Recreation Department and may be dismissed from my volunteer duties at any time, with or without cause. A volunteer may not be selected for volunteer service. This determination may be made with or without cause.
- In an emergency and we cannot be contacted, I hereby authorize the adult in charge at the scene to use his/her best judgment in calling EMS or having child taken to the nearest hospital.
- In consideration of accepting this registration, I fully understand that all of the rules and regulations that apply to the program are to be strictly adhered to under the direction of the Recreation Director and the program staff. In addition, I am aware that full payment for any program or activity is due at the time of registration.
- In consideration of accepting this participation agreement, I hereby, for myself, my child, my heirs, executors and administers, waive and release any and all rights and claims for damages that I or my child may have against the Village of Middlefield Recreation Department, it's representatives and employees, for any and all injuries suffered by myself or my child at any activity sponsored by the Village of Middlefield Recreation Department. I hereby assume full responsibility for medical coverage in the event that my child or I sustain any injuries prior to, during or after participation in any sponsored event. I HAVE READ THE ABOVE WAIVER AND RELEASE, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

By signing this form I hereby acknowledge that I have read and received Middlefield Recreation's coaching expectations, coach's code of conduct and coach's code of ethics pledge and fully understand that all rules and regulations set forth are to be strictly adhered to; under the direction of the Recreation Director and program staff and failure to abide by these rules could result in disciplinary action.

Printed Name:	Date:
Signature:	
If volunteer is under 18 years of age, a p to an applicant's working as a volunteer participation in the Middlefield Recreation program.	. I hereby consent to my child's
Signature of Parent/Guardian	Date

Thank you for your interest in volunteering with Middlefield Recreation.