

## **Volunteer Application**

## (Individual)

General II	nformation							
Name <sup>.</sup>					Γ	Date:		
		Date: City, State Zip:						
			k Phone: Email:					
			rnone, Emain					
	In case of emergency, please contact:							
			Relationship:					
Home Phone:	·		Business Phone:					
Volunteer Opportunities								
volunteer opportunities								
In order for King County's Volunteer Program to best match your interests and skills with available projects, please check all opportunities that are of interest:								
o Trash/Clean-up			o Trail Maintenance & Construction					
o Recreation	Programs		o Park & Trail Ambassador (must be 18)					
o School Dir	ected Commun	ity Service	o Adult Community Service					
o Environmental Restoration			O Other (specify):					
Desired Description (If Applicable)								
Project Description (If Applicable)								
Staff Lead:								
Project Description:								
Tojou Description:								
Availability - Please specify times available to volunteer								
	-			1				
Mameira	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Morning 9am -Noon								
Afternoon								
12 - 5:00pm								
Evening								

Past Experiences & References					
Employment and/or volunteer experience:					
Education & training:					
Special skills or hobbies:					
References:					
Name:	Phone:	Relationship:			
Name:	Phone:	Relationship:			
Volunteer Service Agreement					
The undersigned on behalf of themselves and County, their officers, officials, employees at further agrees and undertakes to indemnify, I claims, damages, actions, liability and expen with bodily injury including death, personal in Undersigned's activities and participation in	nd agents, from liability a nold harmless and defend ses including attorney's fo injury and/or damage to p	the County from and against any and all ees and other professional fees in connection roperty arising from or out of the			
The Undersigned further acknowledges and a for any property of the Undersigned and the same. The undersigned give their permission publications.	Undersigned shall not hol	d the County liable for any loss or damage to			
Signature:		Date:			
For youth under 18 years of age: assignment as a volunteer for King County.		has my permission to accept an			
		Date:			

## For More Information -- Please contact our Volunteer Coordinator

Laurie Clinton
Volunteer Coordinator
King County Division of Parks & Recreation
P.O. Box 3517
Redmond, WA 98073

**Phone: 206-296-4452 Fax: 206-296-4341 Email**: laurie.clinton@metrokc.gov