

Hillsborough Township Parks and Recreation

Volunteer Application

Please **print** or type all information. Volunteers **MUST** be 13 years of age or older.

APPLICANT INFORMATION

Name _____ Birth Date ____/____/____
Address _____ City _____ Zip _____
Home Phone (_____) _____ Alternate or Cell Phone (_____) _____
Emergency Contact Name _____ Relationship _____
Emergency Phone (_____) _____ Alt. Emerg. Phone (_____) _____
Volunteer's E-Mail Address: _____

SCHOOL INFORMATION

Name of School or College _____
Are you volunteering for school credit/church community service? **YES NO** If yes, how many hours do you need? _____
In conjunction with a club/organization? **YES NO** If yes, name of club/organization: _____
Please tell us briefly the reason you wish to be a volunteer / how you can benefit _____

Hillsborough Parks and Recreation Department has a Volunteer Database system that enhances all of our recreation programs. Would you like to be included in our database for future volunteer opportunities throughout the year? YES NO

Email for database: _____

The following events/programs have volunteer opportunities. Please tell us what your interests are. Select as many you would like, and list any experience you may have.

- ☐ **Heart Recreation Programs** _____
☐ **Inclusive Sports Programs (examples. Soccer/Volleyball/Basketball)** _____
☐ **Special Events (Memorial Day Parade/July 4th/Halloween Program)** _____
☐ **Other** _____

Waiver and Release Agreement

I, the parent of (name of registrant) _____, a minor, agree that, in consideration of being allowed to participate, the registrant and I will abide by the rules of the Township of Hillsborough Recreation Program and its affiliated organizations and contractors. Recognizing the possibility of physical injury associated with all sports and recreation programs and activities, I hereby release, discharge, hold harmless and/or otherwise indemnify the Township of Hillsborough, its officials, employees, agents, and associated volunteer personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program. I represent that the registrant has no physical or mental limitation that would preclude him/her from participating in this activity. I knowingly and freely assume all such risks and assume all such responsibility to the fullest extent permitted by law. I fully understand the terms and conditions of this release of liability and assumption of risk agreement and sign it freely and voluntarily without an inducement.

Name of Parent/Guardian (please print) _____

Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of (name of registrant) _____, a minor, I hereby give consent for emergency medical care, if required, as a result of injury or illness that may occur during this activity. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. I also confirm that my child is physically and mentally capable and qualified to participate in this activity. It is my affirmative obligation to bring any limitations my child may have to the attention of the Hillsborough Recreation Program administrators and coaches.

Name of Parent/Guardian (please print) _____