

Appendix IV
Student Volunteer Application



Student Volunteer Application

The City of Franklin Parks Department offers numerous volunteer opportunities throughout the year for people looking to serve our community. Applicants may apply to volunteer at scheduled Parks events, or suggest their own project to complete for school or scout requirements. Applications must be submitted at least 30 days prior to requested volunteer date, and they can be reserved 364 days in advance. All submitted volunteer projects require prior approval.

Application Date: _____ Date of Birth: _____

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Email Address: _____ Preferred Communication: _____

Guardian Name: _____ Cell Phone: _____

Guardian Email Address: _____

In Case of Emergency: *(other than guardian above)*

Emergency Contact: _____ Cell Phone: _____

Medical Information: *Do you have any medical issues, allergies or other concerns that we should be aware of?*

AREAS OF INTEREST		
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- | | | |
|--|---|---|
| <input type="checkbox"/> Park Events | <input type="checkbox"/> Youth Programs | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Park Services | <input type="checkbox"/> Adult Programs | <input type="checkbox"/> Athletics |
| <input type="checkbox"/> Equestrian | <input type="checkbox"/> Trees & Trails | <input type="checkbox"/> Personal Project |

PARK LOCATION OF INTEREST		
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- | | | |
|--|--|---|
| <input type="checkbox"/> Jim Warren Park | <input type="checkbox"/> Pinkerton Park | <input type="checkbox"/> Harlinsdale Park |
| <input type="checkbox"/> Liberty Park | <input type="checkbox"/> Other Park: _____ | |

AVAILABILITY

Please put an 'X' by all that apply and circle if available in morning or afternoon:

- Monday: am pm Tuesday: am pm Wednesday: am pm Thursday: am pm Friday: am pm
 Saturday: am pm Sunday: am pm Total number of hours desired: _____

COMMUNITY SERVICE

Are you interested in receiving community service hours? Yes No

School requirement Scout requirement Other: _____

Why do you want to volunteer for the Parks Department? _____

How did you learn of this volunteer opportunity? _____

Please describe any applicable work experience: _____

Volunteer experience: _____

Educational background: _____

Club involvement, civic activities, hobbies: _____

INSURANCE INFORMATION

Volunteers are not covered for worker's compensation insurance, as volunteers are NOT employees, as outlined in the TN Worker's Compensation Law. Additionally, medical payments for volunteers are excluded for any injury sustained by you while performing your volunteer duties. You are strongly encouraged to have you own health insurance in the event you are injured while performing your volunteer duties.

With respect to property damage or bodily injury to third parties, you are included as a named insured under the city of Franklin's General Liability Insurance while performing authorized volunteer service, within the scope of your assigned project with the City of Franklin Parks Department, to the extent allowed by law.

Signature of Parent or Guardian: _____ Date: _____

RELEASE FROM LIABILITY STATEMENT

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application will be grounds for disqualification of this application and/or dismissal as a volunteer.

I, _____, assume all risks and hazards of volunteering with the City of Franklin Parks Department. I do further hereby indemnify, hold harmless, and forever release the City of Franklin, its mayor and aldermen, representatives, agents, servants and employees, from and against any and all claims or actions of any and all persons for judgments, losses, expenses, death, bodily injury, or damage to property which may arise from or is a result of my participation in the Activity, negligent act, error or omission whether such claims are based in whole or in part upon my negligence or the negligence of the City of Franklin for any defect in equipment, any site condition, or any negligence by any person, including other volunteers.

Signature of Parent or Guardian: _____ Date: _____

Training Confirmation

I, _____, confirm that I attended the training for the volunteer assignment I have been given by the City of Franklin Parks Department. I listened, observed (if applicable), read (if applicable), and understood the training, and I understand that as a volunteer for the City of Franklin Parks Department, it is my responsibility to abide by the City of Franklin Parks Department policies and procedures, in accordance with the training.

If I have questions about the training, materials presented or City of Franklin Parks Department policies and procedures, I understand that it is my responsibility to seek clarification from the volunteer coordinator.

Signature of Parent or Guardian: _____ Date: _____

Issuance of Personal Protective Equipment (PPEs)

I, _____, confirm that I have been issued the proper personal protective equipment for my volunteer assignment, as designated by the City of Franklin Parks Department Standard Operation Procedures. I further understand that I am responsible for the following:

- Using the PPE(s) in accordance with the training and instruction given; and
- Taking reasonable care of the PPE(s) issued to me by the City of Franklin Parks Department.

Signature of Parent or Guardian: _____ Date: _____

All forms can be submitted to:
City of Franklin Parks Volunteer Program
PO Box 305
Franklin, TN 37064
Ph: 615-794-2103 | Fax: 615-791-3250
www.franklintn.gov/parks