



DEPARTMENT OF RECREATION & PARKS
VOLUNTEER APPLICATION FORM

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

EMPLOYER: _____ ADDRESS: _____

ACTIVITY VOLUNTEERING FOR:

VOLUNTEER OR WORK EXPERIENCE FOR ACTIVITY

1) ORGANIZATION: _____ ADDRESS: _____

DESCRIPTION OF DUTIES: _____

TRAINING: _____

2) ORGANIZATION: _____ ADDRESS: _____

DESCRIPTION OF DUTIES: _____

TRAINING: _____

REFERENCES:

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

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_____ Shall indemnify and hold harmless St. Mary's County and its officials, employees and agents from and against any and all liabilities, judgements, settlements, losses, costs or charges (including attorneys fees) incurred by St. Mary's County or any of its officials, employees or agents as a result of any claim, demand, action or suit relating to any bodily injury (including death), losses property damage caused by, arising out of, related to or associated with the use of the property.

Witness

Signature of Volunteer

Date

Date

Parents or Guardians Signature (If under the age of 18) _____