

**Nether Providence Township
214 Sykes Lane
Wallingford PA 19086
Phone: 610-566-4516 Fax: 610-892-2890
VOLUNTEER INFORMATION FORM
MUST BE AT LEAST 14 YEARS OF AGE**

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Gender: _____

Day phone: _____ Night phone: _____ Cell phone: _____

E-mail address: _____

(Note: For use by parks and recreation department only. Email addresses will not be shared.)

Special accommodations requested (specify): _____

Emergency contact:

Name: _____ Relation: _____

Home phone: _____ Work phone: _____

T-shirt size: _____

Allergies/Other Considerations:

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Job Position:	Part Time Seasonal Summer Camp - VOLUNTEER
Pay Rate: None	Signature:

Equal Opportunity Employer

The Township is committed to equal employment opportunity. We will not discriminate against employees or applicants for employment on the basis of race, age, color, religion, sex, marital status, pregnancy, childbirth, or related medical conditions, national origin, physical or mental disability or veteran status. The Township is committed to providing reasonable accommodation to otherwise qualified individuals with disabilities.

Nether Providence Township – Park and Recreation Program Participant

Liability Waiver and Release

In consideration for being permitted to use Nether Providence Township (“Township”) facilities and/or participate in Township-sponsored programs, I agree, for myself and/or for any minors in my care, to fully and completely release the Township, its officials, employees, boards, departments, agents and affiliated entities from any and all claims, liabilities or actions for any personal injuries to me, personal injuries to minors in my care and/or any loss or damage to my personal property or the personal property of any such minors arising from our use of Township facilities or participation in Township-sponsored activities and programs.

I understand that no health and/or accident insurance is provided by the Township. I also understand and agree, for myself, and/or for any minors in my care, that I am solely responsible at any sole cost and expense for furnishing medical or other insurance to cover any expenses related to any such personal injuries or property damage.

I hereby give Township staff permission to secure emergency medical care for myself or minors in my care who may suffer an injury or illness while in the temporary care of Township representatives.

I agree, for myself and/or for any minors in my care, to comply with all Township rules and regulations, including any rules and regulations governing any programs for which I, and/or any minors in my care, have registered, and understand and agree that noncompliance with any such rules and regulations by me, or any minors in my care, may result in termination of the privilege to use Township facilities and/or participate in Township-sponsored activities and programs. In the event of such a termination for cause, I understand that I will not be entitled to be reimbursed for any registration fees.

I further agree, for myself and/or for any minors in my care, that I will furnish a certified birth certificate or proof of birth upon request by the Township, as may be required for participation in Township activities and programs.

I grant the right to use my/our name, image, photograph and video, including composite or modification, representations in publications, brochures, newsletters, reports, website and any other material relating to Township parks and recreational programs, activities and facilities. I waive the right to inspect or approve versions of my/our image used for publication or the written copy that may be used in connection with the image.

Intending to be legally bound hereby, and with full authority, I acknowledge, agree to and accept the terms of this Liability Waiver and Release on behalf of myself and/or on behalf of any minors in my care.

Print Name: _____

Signature _____

Date: _____

Print Name of Minor*: _____

Relationship to Minor: _____

*If Employee is under the age of 18, then a Parent or Guardian must sign the liability waiver.