



VOLUNTEER APPLICATION

PROGRAM APPLYING FOR: _____

PERSONAL INFORMATION:

Name: _____
Last First MI

_____/_____/_____
Date of Birth

Address: _____
Street City Zip

Male Female
Circle one

Telephone Numbers: _____

Email Address

No applicant will be permitted to participate in any program until all areas of the background check are completed and received. Any applicant providing false information will be immediately disqualified for any current or future program.

Emergency Contact

Name: _____
Last First MI

Date of Birth

Address: _____
Street City Zip

Male Female
Circle one

Telephone Numbers: _____

Email Address

Have you ever worked/volunteered for the City of Bedford? Yes No

If yes, list dates and reason for leaving: _____

Background Information

Present employer and contact:

Have you ever been dismissed from employment or refused re-employment: Yes No

If yes, please explain: _____

Who could we contact as a reference? _____
Name Phone

Have you ever gone by a different name: Yes No *if yes, please list: _____

Are you a Citizen of the United States: Yes No *if no, list citizenship: _____

In continuing our effort of maintaining a safe environment for participants and staff members, the City of Bedford Parks and Recreation Department requires a background check of each volunteer applicant 18 years of age and older. The background check will include, but is not limited to, fingerprints submitted to the Ohio Bureau of Criminal Investigation, required documentation of residency within the State of Ohio for a minimum of five (5) consecutive years, and submission of fingerprints to the Federal Bureau of Investigation if the applicant is unable to provide the five (5) year proof of residency. Information obtained through the background check will remain on file in the City of Bedford Parks and Recreation Department and will not be disseminated without prior approval of the applicant. The City of Bedford Parks and Recreation Department requires a background check for any volunteer/worker applicant every three (3) years and reserves the right to require a background check at any time if deemed to be necessary for maintaining a safe environment for participants and staff members. The City of Bedford Parks and Recreation Department will cover the expenses for completing background checks for all applicants.

PARTICIPATION: I hereby acknowledge the possibility that injuries may occur during participation in City of Bedford Parks and Recreation Department programs and expressly assume the risk of all such injuries. Although most injuries are minor, injuries may occur that are severe enough to cause permanent disability, such as paralysis, or death. In consideration of the City of Bedford Parks and Recreation Department allowing me to participate in City of Bedford Parks and Recreation Department programs, I hereby irrevocably and unconditionally release and forever discharge the City of Bedford, the City of Bedford Parks and Recreation Department, and their mayor/city council members, administrators, employees, agents, instructors, aides and volunteers (collectively, the "Released Persons") from any and all claims, actions, demands, rights, liabilities, damages, costs, expenses or causes of action of whatever kind which may arise out of or relate in any way to my participation in any City of Bedford Parks and Recreation Department program. Further, I hereby indemnify, defend and hold harmless any and all Released Persons against and from any and all claims, actions, demands, rights, liabilities, damages, costs, expenses or causes of action of whatever kind which may arise out of or relate in any way to my participation in any City of Bedford, Parks and Recreation Department program or any use of my recordings as authorized below. I understand that all participants in City of Bedford Parks and Recreation Department programs are required to abide by the rules and policies of the City of Bedford and the City of Bedford Parks and Recreation Department, and further understand that my failure to do so may result in termination of my participation in any or all programs. I will be responsible for all facilities and equipment used and/or issued to me throughout the programs, and will pay the repair/replacement cost for any facility and/or equipment damaged, lost or not returned by me. I understand that all facilities and equipment must be used only in the manner for which they are intended. **USE OF RECORDINGS:** I hereby authorize the City of Bedford and the City of Bedford Parks and Recreation Department, their employees and agents to record my picture and/or voice (including but not limited to my spoken or other vocal content) on photographs, films, video and audio tapes, CD-ROMs, DVDs, digital files or any other media in connection with any or all Lakewood Community Recreation and Education programs. Further, the City of Bedford and the City of Bedford Parks and Recreation Department are hereby authorized, at their discretion, to use and to license others to use such recordings in their original or edited form in any media (print, broadcast and others) for any and all educational and/or commercial purposes, and to use my name, likeness, voice and spoken or other vocal content for such purposes. I acknowledge and agree that I will not be compensated for any use by the City of Bedford or the City of Bedford Parks and Recreation Department of such recordings. I further acknowledge and agree that the City of Bedford will own exclusively any and all rights to such recordings.

Volunteer Applicant Signature

Parent/Guardian Signature (if applicant under 18)