



Specialized Needs Recreation VOLUNTEER APPLICATION

Name: _____ Date: _____

Residence Address: _____
(Street)

(City/State/Zip)

Years at Current Residence: _____ In Kootenai County: _____

Home Phone (____) _____ Business Phone (____) _____

Mobile: _____ FAX: _____

Brief explanation on why you would like to volunteer for SNR. _____

Area(s) of Expertise: _____

Education (Circle Highest Grade/Degree Completed)

Middle School

High School

AA

BA/BS

MA/MS

Ph.D.

Please list other certifications, awards, etc.: _____

Committees/Commissions/Boards currently serving on: _____

Past Committees/Commissions/Boards served on: _____

Comments: _____

Please list any other community organization involvement: _____

Have you ever been convicted of a crime? Yes No (If yes, please explain below)

Signature

Date

Please return to: Angie Goucher P.O. Box 2451 Coeur d'Alene Idaho 83816
PHONE (208) 755-6781 FAX (208) 769-2284

**A background check is required. You must provide a copy of your driver's license.
SNR will be responsible for this cost.**



Specialized Needs Recreation

Volunteer Service Agreement

Name: _____ Day Phone: _____

Address: _____ Evening Phone: _____

City, State, Zip: _____ Email: _____

Project Location: _____ Project Date: _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

The undersigned on behalf of themselves and their estate, hereby waives any right of recovery and releases Specialized Needs Recreation, their officers, officials, employees and agents, from liability related to the Undersigned, arising from any and all injury to persons and damage to property, and further agrees and undertakes to indemnify, hold harmless and defend Specialized Needs Recreation from and against any and all claims, damages, actions, liability and expenses including attorney's fees and other professional fees in connection with bodily injury including death, personal injury and/or damage to property arising from or out of the Undersigned's activities and participation in volunteer services at the above Specialized Needs Recreation events. In the event the vans we use for transportation

The Undersigned further acknowledges and agrees that Specialized Needs Recreation does not assume any responsibility whatsoever for any property of the Undersigned and the Undersigned shall not hold Specialized Needs Recreation liable for any loss or damage to same. The Undersigned gives their permission to be photographed and have their image used in Specialized Needs Recreation.

If during my (or my minor child's) participation in Specialized Needs Recreation activities I (and/or my minor child's) should need emergency medical treatment and I (and/or my minor child's) am (are/is) not able to give my consent or make my own arrangement for that treatment, I authorize Specialized Needs Recreation to take whatever measures are necessary to protect my (and/or my minor child's) health and well-being, including if necessary, hospitalization.

Volunteer Signature: _____ Date: _____

For Youth Under 18 Years of Age

Signature of Guardian: _____ Date: _____

In the event the vans we use for transportation are full and we need to have a volunteer drive their car to transport additional volunteers I give my permission to have my son/daughter ride in the volunteers car.
YES _____ NO _____