



# Specialized Needs Recreation YOUTH VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City/State/Zip)

Years at Current Residence: \_\_\_\_\_ In Kootenai County: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

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**

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:** P.O. Box 2451 Coeur d'Alene Idaho 83816  
PHONE (208) 755-6781 FAX (208) 769-2284



# 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 minor child ride in the volunteers car.

YES \_\_\_\_\_ NO \_\_\_\_\_