



CERVIS: _____
Listserv: _____

CITY OF BLOOMINGTON
Parks and Recreation

SERVICE PROFILE

Personal Information					
Name					
Local Street Address					
State		City		Zip	
Phone (please ensure voicemail feature is available)					
E-Mail Address			Date of Birth		

Emergency Contact	
Name	
Relationship to you	
Phone	

Reason for Volunteering (<input checked="" type="checkbox"/> one)	
<input type="checkbox"/> Community/College Volunteer	
<input type="checkbox"/> Group	Group Name:
<input type="checkbox"/> Individual	
<input type="checkbox"/> College Service Learning Requirement	
Course Title/#	
Instructor Name	
<input type="checkbox"/> Restitution Work	
Department	
Contact Name	

Service Commitment						
Volunteer Assignment						
Intended # of hours						
Start date				End date		
Please indicate the days/times of your availability to volunteer:						
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday

PLEASE SEE REVERSE SIDE for additional portions of service profile.

VOLUNTEER AGREEMENT

While serving as a volunteer, I understand that I serve as a representative of the Bloomington Parks and Recreation Department. I agree to act in accordance with the Bloomington Parks and Recreation standards, to take a proactive role in my volunteer position, and to actively participate in any reflection activities that may be incorporated into my service experience.

BACKGROUND CHECK AUTHORIZATION

Please read the following statement carefully before signing below:

I hereby authorize the City of Bloomington to conduct criminal background checks to determine my eligibility for employment or continued employment. I understand that the City is asking for my date of birth, previous names, and previous addresses only in order to conduct background checks and for no other reason.

By signing below, I hereby authorize the City of Bloomington to conduct background checks on me. I hereby release the City of Bloomington from any liability related to the procurement and/or disclosure of any information provided by me or obtained about me in connection with my application for employment with the City of Bloomington. I understand that any information gathered as a result of background checks will be kept confidential. I make this waiver knowingly and voluntarily.

WAIVER OF LIABILITY/PHOTO & VIDEO RELEASE

Please read the following statement carefully before signing below:

I recognize that because of the inherent hazards of this activity, that I may sustain some injury. In the event that I am injured and my next of kin cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal, and agree to pay the usual charge for such treatment. I now release the City of Bloomington, its Parks and Recreation Department, and its employees, agents and assigns for any and all claims for personal injury and/or property damage that may arise from, or be in any way connected to, my participation in this activity. I understand that this release applies to both present and future injuries, and that it binds my heirs, executors and administrators. Bloomington Parks and Recreation has put safety measures in place to slow the spread of COVID-19. However, we cannot guarantee you or members of your family will not contract an illness. By participating in or attending today's event, you voluntarily assume the risk of exposure or infection, and resulting illness or death. I may be photographed and videotaped while participating in Parks and Recreation activities, and consent is given for the reproduction of such photos or videos for advertising and publicity. I release Bloomington Parks and Recreation, its employees, agents, and assigns, from any liability connected with taking, recording, digitizing, or publication and use of photographs, video, and/or sound recordings. In signing this form, I also understand that I agree to be subscribed to the Bloomington Parks and Recreation monthly volunteer newsletter. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Name (Printed)	
Aliases (e.g. maiden name) if applicable	
Signature	
Date	