

Shoshoni Recreation District #24  
PO Box 356  
97 S. Maple  
Shoshoni, WY 82649  
Phone: (307)876-2663  
Fax: (307)876-2572



## Volunteer Application

### Personal Information

Name	
Mailing Address	
City ST ZIP Code	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Availability

During which hours are you available for volunteer assignments?

- |   |   |
|---|---|
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekend mornings   |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings   | <input type="checkbox"/> Weekend evenings   |

Are you volunteering for a one-time event?

- YES  
 NO

If Yes

Program Name: \_\_\_\_\_

### Interests

Tell us in which areas you are interested in volunteering

- |  |   |
|--|---|
| <input type="checkbox"/> Art   | <input type="checkbox"/> Craft  |
| <input type="checkbox"/> Photography                                   | <input type="checkbox"/> Story Telling  |
| <input type="checkbox"/> Sports list below:<br>_____<br>_____<br>_____ | <input type="checkbox"/> Newsletter production<br><input type="checkbox"/> Volunteer coordination<br><input type="checkbox"/> Fundraising<br><input type="checkbox"/> Other |

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### Previous Volunteer Experience

Summarize your previous volunteer experience.

### Our Policy

We at the SRD #24 truly appreciate our volunteers, without them our programs would not be possible. We strive to provide the best experience possible for volunteers and participants. When volunteering for an SRD program that requires a fee to participate please check with the SRD office for portion to be paid by volunteer.

Children of volunteers who are not old enough to participate in a given program may attend program with volunteering parent/guardian, providing parent/guardian has notified SRD staff prior to program and has registered and paid fee if necessary. If you know of someone who would like to be an SRD #24 volunteer please have them contact the SRD office and fill out the volunteer form.

All volunteers must fill out an SRD volunteer waiver/release and have emergency contact name and phone numbers. The SRD has a right to dismiss volunteers as seen appropriate by staff.

### RELEASE OF LIABILITY AND EMERGENCY MEDICAL TREATMENT AGREEMENT

I hereby release the SRD #24 and staff/volunteers associated with this organization and any partnering organizations from any liability while participating in SRD programs. I further give permission to be treated medically if my emergency contact cannot be reached. I also understand that I will assume the cost of treatment.

EMERGENCY CONTACTS: In case of an emergency, whom may we call?

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## VOLUNTEER AGREEMENT

I understand that my picture may be taken while participating in SRD programs and used in SRD #24 publications. No tobacco of any kind (this includes e-cigarettes) is permitted during SRD programs, within 50 feet of any SRD facilities, buildings, or within vehicles. I understand that as an SRD volunteer I am agreeing to help with organization and execution of the SRD program that I am volunteering for. This includes but is not limited to helping with set up, take down, providing discipline and direction as needed etc. I hereby understand that the SRD staff has an obligation to provide the highest quality programs possible, this means I can be dismissed by SRD staff as they see fit.

I understand if there is a cost/fee required for activities in which I am volunteering that I may be required to pay for a portion or all of the cost for myself.

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I have read and understand the foregoing:

Name (printed)	
Signature	
Date	