



DEPARTMENT OF PARKS, RECREATION AND YOUTH PROGRAMS

Stephanie Miner, Mayor
Baye Muhammad, Commissioner

VOLUNTEER / WORK STUDY APPLICATION

PERSONAL INFORMATION REQUIRED FOR ALL APPLICANTS

Full Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone #: _____ **Work/Cell Phone #:** _____

Email Address: _____ **Date of Birth:** _____

Social Security Number: _____ **Male** **Female**

Do you have a NYS Driver's License? **Yes** **No** **License #:** _____

Please list your top two desired placements:

1. _____ **2.** _____

FOR STUDENT APPLICANTS ONLY

Name of School, College or University: _____

Grade or Year of Study: _____

Name of Program: _____

Number of Hours required: _____ **By what date?:** _____

Do you have your own transportation? **Yes** **No**

EMERGENCY & MEDICAL INFORMATION

Medical Insurance Provider: _____

Insurance ID Number: _____

Primary Care Provider Name and Phone Number: _____

Name and Phone Number of Emergency Contact: _____

Relationship to the Volunteer: _____

Allergies/Health Issues: _____

AVAILABILITY

Please indicate the days and times you are available:

Sun: _____ **Mon:** _____ **Tues:** _____ **Wed:** _____ **Thurs:** _____ **Fri :** _____ **Sat :** _____

Please indicate the days and times you are NOT available:

Sun: _____ **Mon:** _____ **Tues:** _____ **Wed:** _____ **Thurs:** _____ **Fri :** _____ **Sat :** _____

ESSAYS REQUIRED FOR ALL APPLICANTS

1. Please describe how will you contribute to Parks and Recreation programming?

2. Please describe your past experience with youth or youth agencies, or attach a résumé:

REFERENCES

List three persons not related to you who can judge your qualifications for this position. If you have previous experience as a volunteer, one reference should be from that organization.

Please fill out each reference completely. Address and phone number must be included.

1) Name: _____ **Organization:** _____

Address: _____ **Email:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone #:** _____

2) Name: _____ **Organization:** _____

Address: _____ **Email:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone #:** _____

3) Name: _____ **Organization:** _____

Address: _____ **Email:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone #:** _____

STATEMENTS

Have you ever been convicted of a crime or violation (other than a traffic violation)? Yes No

If yes, list violations with dates and penalties: _____

By signing this application, you understand that a background check will be performed

All Volunteers Must Complete This Section

VOLUNTEER AGREEMENT

I, _____, choose to participate as a volunteer and understand that my services are donated to the City of Syracuse Department of Parks, Recreation and Youth Services without contemplation of compensation or future employment, and are given for humanitarian, religious or charitable reasons. I will report any injury or incident to my supervisor immediately. I agree to abide by any rules, regulations, policies and/or directions provided to me by my supervisor or the Department of Parks, Recreation and Youth Services in connection with my volunteer duties.

Signature of Participant: _____ Date: _____

**All Volunteers Under 18 Years of Age
Must Have Parent or Legal Guardian Complete This Section**

**CONSENT OF PARENT OR LEGAL GUARDIAN
FOR MINOR'S PARTICIPATION AS A VOLUNTEER**

I, _____, the parent or legal guardian of _____, a minor, whose birth date is _____, choose to permit my child/ward to participate as a volunteer for the City of Syracuse Department of Parks, Recreation and Youth Services. I understand that my child's or ward's services are being offered on a voluntary basis without anticipation of any financial remuneration. I agree that he/she will abide by any rules, regulations, policies and/or direction provided to him/her by his/her supervisor or by the Department of Parks, Recreation and Youth Services in connection with his/her volunteer duties. He/She will report any injury or incident to his/her supervisor immediately.

Signature of Parent or Legal Guardian: _____ Date: _____

**CONSENT OF PARENT OR LEGAL GUARDIAN
TO MEDICAL, DENTAL, OR HOSPITAL CARE OF MINOR VOLUNTEER**

I, _____, the parent or legal guardian of _____, a minor, whose birth date is _____, authorize medical, dental, surgical or hospital care, treatment, or diagnosis of said minor and I agree to pay for any medical, dental, surgical, or hospital diagnosis, treatment, or care rendered to or for said minor.

Signature of Parent/Legal Guardian: _____ Date: _____

**CONSENT OF PARENT OR LEGAL GUARDIAN
TO USE OF IMAGE OF MINOR VOLUNTEER IN PUBLIC RELATIONS**

I understand that photos and/or videos of _____, my child or ward, may be taken while he/she is engaged in his/her volunteer duties. These photos and/or videos may be photos may be used for promotional publication purposes by the City of Syracuse.

Signature of Parent/Legal Guardian: _____ Date: _____

GENERAL RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION
Of the City of Syracuse, the County of Onondaga and the City of Syracuse Department of Parks,
Recreation and Youth Programs

Please read this document carefully before signing.

I understand that I, or my child, has applied to volunteer for the Department of Parks, Recreation and Youth Programs, yet I take full responsibility for my own/child's/ward's actions and physical conditions. I agree to indemnify and to hold the City of Syracuse and County of Onondaga harmless from any liability, loss (including any personal and or property damage), cost of expenses (including attorney's fees, medical and ambulance costs, etc.) that may arise while I am/they are volunteering at a community center, camp, clinic, practice, and/or event in or on city property.

I also understand and agree that my own/child's/ward's photograph may be taken while I am/they are volunteering at a community center, camp, clinic, practice, and/or event in or on city property, and such photos may be used for promotional publication purposes.

I hereby release the City of Syracuse, the County of Onondaga and the City of Syracuse Department of Parks, Recreation and Youth Programs and any staff from any responsibility or liability in connection with volunteering at a community center, camp, clinic, practice, and/or event in or on city property.

I give permission to a licensed physician or other hospital staff members to carry out emergency medical care deemed necessary to myself/child/ward when normal permission is unavailable. I certify that I/my child/my ward am/is in good physical health and have/has no limitation other than those listed below which may predispose me/my child/my ward to risk during volunteering at a community center, camp, clinic, practice, and/or event in or on city property.

I understand that any changes to this RELEASE must be made in writing.

IN WITNESS WHEREOF, the RELEASOR, has caused this RELEASE to be executed on the _____ day of _____, 2011.

BY: _____
NAME: _____
ADDRESS: _____

STATE OF NEW YORK)
COUNTY OF ONONDAGA)

On this ____ day of _____, 2011 before me personally came _____, to me known who, by me duly sworn, did depose and say that deponent resides at _____, and that the deponent was authorized to act on behalf of Onondaga County and executed the foregoing RELEASE and INDEMNIFICATION with the signature affixed above.

Notary Public

Applicants must submit a current copy of auto license or photo ID, and agree to a background check

Please return to: 412 Spencer Street // Syracuse, NY 13204 // fax: 428-8513 // phone: 473-4330