AGREEMENT FOR INDIVIDUAL VOLUNTARY SERVICE
KENTUCKY DEPARTMENT OF PARKS

JOB TITLE

(Refer to the Volunteer Brochure for a list of job titles)

_____

NAME OF PARK _____

DATES OF SERVICE: **FROM** _____ **TO** _____

NAME _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE: HOME (_____)_____ **WORK** (_____)_____

CELL (_____)_____

EMAIL ADDRESS _____

VALID DRIVER'S LICENSE, state & no. **& PROOF OF INSURANCE**

(Must provide photocopy of driver's license and car insurance card if position requires you to drive a state vehicle)

_____

DATE OF BIRTH _____

SSN _____

NAME / PHONE NUMBER of person to call in an emergency

_____

MEDICAL CONDITIONS of which we should be aware

_____

VOLUNTEER INSURANCE COVERAGE (See Line Item #5)

Please Circle One: **I ACCEPT / I DECLINE**

1. Description of work has been presented and described to the applicant. This agreement is in effect during the specified dates of service listed above and must be renewed annually.
2. All of the described work will be noncompensable. Except as otherwise provided I understand this service will not confer on me the status of a state employee.
3. I understand that either the Department of Parks or I may cancel this agreement at any time by notifying the other party.
4. I understand and agree to follow the established dress code for the Department of Parks.
5. I have been offered insurance coverage through the Office of Volunteer Services. I understand that it is my responsibility to submit payment for insurance coverage directly to the Office of Volunteer Services.
6. I understand that if I am under 18 years of age, I will need the signature of my parent or legal guardian.
7. I absolve and release the Kentucky Department of Parks, its agents, officers, and employees from all liability from injury, loss or damage sustained by me during the course of such activity.
8. I understand that the Department of Parks will perform a background check using the information I have provided, and failure to complete the form in its entirety may prohibit me from participating in the Department of Parks Volunteer Program.
9. I understand the rules and regulations of being a Kentucky State Park volunteer. I also understand that a copy of the rules and regulations can be obtained through my direct supervisor.

I HEREBY AGREE TO ALL THE PROVISIONS LISTED ABOVE:

_____	_____
SIGNATURE OF VOLUNTEER	**DATE**
_____	_____
SIGNATURE OF PARENT/GUARDIAN	**DATE**
_____	_____
SIGNATURE OF MANAGER	**DATE**

COPY TO VOLUNTEER, COPY FOR YOUR FILES, SEND ORIGINAL TO: THE VOLUNTEER COORDINATOR

To help us better place you in a volunteer position, please answer these brief questions:

What are your likes?

_____

_____

_____

What are your dislikes?

_____

_____

_____

References

Please list the name and address of one person, not a relative, who has known you for at least one year. If you wish to add more references, space has been provided. As noted on the application, a background check will be performed using the information provided. Listing references is not required for application processing, but is greatly appreciated.

Name:_____

Telephone Number:(____)_____Work:(____)_____

Address:_____

State:_____ ZipCode:_____

Name:_____

Telephone Number:(____)_____Work:(____)_____

Address:_____

State:_____ ZipCode:_____

Name:_____

Telephone Number:(____)_____Work:(____)_____

Address:_____

State:_____ ZipCode:_____

Please return the application to the park of interest.

Thank you for your help!

For additional information, please call us at

(502) 564-4940 ext. 233 or visit www.parks.ky..gov

Revised: 11-1-08