Volunteer Registration Packet

Volunteer's Name: _____ Grade: _____

Address: _____

Phone Number: _____

Email Address: _____

Waiver of Liability / Parental Consent

I, intending to be legally bound, do hereby for myself, my heirs and assignees, waive any and all claims to damages or personal injury I may have against Kent Parks & Recreation or any agent or representative of the aforementioned and give my permission for my child _____ to participate in the KPR Volunteer Program.
(child's name)

I, _____, the parent/legal guardian, am also authorizing that all
(parent/guardian's name)
information in this packet is correct and signed by me. My signature below confirms that I have completed this packet to the best of my ability and knowledge.

Parent Signature: _____ Date: _____

Transportation to & from KPR Volunteer Program

Kent Parks and Recreation has permission for my child, _____, to
(child's name)

Check all that apply:

☐ Walk or Bike or Drive to and from the Roy Smith Shelter House (Preschool Camp ONLY) and/or the Kent Rec Center (Kids Night Out ONLY)

☐ N/A - My child is NOT to arrive or leave without authorized persons

I, _____, the parent/legal guardian of _____,
(parent/guardian's name) (child's name)
understand that if my child arrives before the designated start time or stays after the designated end time, KPR staff are not responsible for my child.

Parent Signature: _____ Date: _____

Photography & Recording Release

Photographs, videos or voice recordings are used periodically of participants during programs. I, the undersigned parent/legal guardian hereby authorize Kent Parks and Recreation permission to copyright, publish, reproduce, and otherwise use my child's name, voice, and likeness in video, photographs, written materials, and audio recordings. I understand that these materials may be used for both non-commercial and commercial purposes for KPR publications, local newspapers, social media and/or website.

☐ NO, I do not give consent.

☐ YES, I give consent.

Parent Signature: _____ Date: _____

Parent Endorsement of Policies

I, _____, the parent/legal guardian have received and reviewed a
(parent/guardian's name)
copy of the KPR Volunteer Handbook and have been oriented to the procedures and policies of the program as they relate to my child and their role in the program. I agree to meet the policies and conditions, and I understand that failure to meet these policies and conditions may result in termination of volunteer status for my child. I understand that I have the right and obligation to discuss with the Site Administrator and/or Recreation Specialist any concerns or recommendations about my child or the program.

Parent Signature: _____ Date: _____

KENT PARKS AND RECREATION
EMERGENCY MEDICAL AUTHORIZATION

Child's Name _____ Program_____
Address _____ Phone _____
_____ DOB_____

Parent's Name: _____ Home Phone ( ) _____
Cell Phone ( ) _____
Parent's Name: _____ Home Phone ( ) _____
Cell Phone ( ) _____

Local emergency contacts to be notified in case neither parent can be reached. The following people will also be authorized to pick up my child if I cannot be reached.

Name:_____ Home Phone ( ) _____
Relationship to Child: _____ Cell Phone ( ) _____

Name:_____ Home Phone ( ) _____
Relationship to Child: _____ Cell Phone ( ) _____

Physician: _____ Phone ( ) _____
Dentist: _____ Phone ( ) _____
Hospital: _____ Phone ( ) _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Please list **ALLERGIES, MEDICATIONS** being taken, important **MEDICAL HISTORY**, and any **PHYSICAL IMPAIRMENT** to which a physician should be alerted:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature of Parent/Guardian _____ Date_____

The following is to be completed by the VOLUNTEER

ABOUT YOU! Tell us a little about yourself. What are your interests? Have you done any volunteer work or worked with children before?

_____

_____

_____

_____

REQUIRED BABYSITTER'S CERTIFCATION:

I have completed a Babysitter's Training: YES ☐

Month/Year Completed*: _____/_____

*If not completed through Kent Parks & Recreation, please email a copy of your Certificate of Completion to megan.johns@kentohio.gov or drop off at KPR Main Office (497 Middlebury Rd.)

Lil' Learners Preschool Summer Camp Volunteers ONLY

AVAILABILITY: Please check the boxes below for each week you are AVAILABLE to volunteer. You will not be guaranteed all of these weeks. Each camp week will take place at the *Roy Smith Shelter House* (601 Middlebury Rd.) Monday - Thursday from 8:30 a.m. to 12:30 p.m.

WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8
June 8-11	June 15-18	June 22-25	July 6-9	July 13-16	July 20-23	July 27-30	August 3-6
☐	☐	☐	☐	☐	☐	☐	☐

Kid's Night Out Volunteers ONLY

AVAILABILITY: Please check the boxes below for each Saturday you are AVAILABLE to volunteer. You will not be guaranteed all of these dates. Each event will take place at the *Kent Rec Center* (1115 Franklin Ave.) from 5:15 p.m. to 9:30 p.m.

September	October	November	December	January	February	March	April	May
Sat 9/12	Sat 10/3	Sat 11/7	Sat 12/5	Sat 1/9	Sat 2/6	Sat 3/6	Sat 4/3	Sat 5/8
☐	☐	☐	☐	☐	☐	☐	☐	☐