



Application For Volunteer Services

Date: _____

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Phone Number: (____) _____

Cell Phone: (____) _____

Email address: _____

Please list any volunteer work you have done in the past: _____

What's your availability? M _____ T _____ W _____ R _____

F _____ Sat _____ Sun _____

Is there a particular division or center that you would like to volunteer for?

Senior Center

Mildred Hunter Center

Therapeutics

After School Program

Summer Day Camp

Instructional Programs

South Lowndes Complex

Special Olympics

Special Events

Youth Athletics

Adult Athletics

Tennis Center

Parks

Administration

Facilities

*For additional information please visit our website at www.vlpra.com.

List any talents or certifications you may have that would be an asset to our department:



Volunteer Waiver

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Phone Number (____) _____

Emergency Number (____) _____

Emergency Contact: _____

Relationship: _____

In the consideration of this entry, I the undersigned intending to be legally bound hereby waive any and all claims for myself, my heirs, executors, or administrators, against officials and/or sponsors of the Valdosta- Lowndes County Parks and Recreation Authority for the injury or illness which may directly or indirectly result from my participation. I further state that I am in proper physical condition to participate and grant full permission to any and all of the foregoing to use photography, videotape, motion picture, and any other record of the event for any purpose.

Signature: _____

Parent/Guardian (if under 18): _____