

Application for Volunteer Service Site Ops Peninsula Park Rose Garden

Healthy Parks, Healthy Portland Parks Contact Maurer/Gross/Pixley

Check here if you have comple Name		Date
Last	First	Middle
Address		
City	State	Zip
Contact Phone	Email	
In Emergency, notify		
(Relationship)	Pho	none
Insurance	Information f	for Volunteers
Thank you for volunteering your ti happy to have you with us and hope		with Portland Parks & Recreation. We are spend will be rewarding to you.
involved in an accident, but it is in program is covered by the City of Po	nportant you unde ortland insurance.	program. We don't anticipate that you'll be erstand the extent to which our volunteer. We want you to be aware of any potential e good judgment in performing those tasks.
·		y of Portland's Workers Compensation surance in the event you are injured while
· ·	•	Fund. This will protect you in the event of result of your volunteer duties assigned by
Driver's License. If you drive a Cirinjury to others resulting from a vehicover yourself. If you wish to drive	ty vehicle, you'll to icle accident. You be your own vehicle will not be respondent.	be covered for property damage or bodily should have your own health insurance to the to perform volunteer duties, the above ensible for any damage to your vehicle, so see.
(Check if a group leader) I agree to convey this information to all members of my group.		
SIGNATURE (Guardian if volunteer	r is under 18)	

Portland Parks & Recreation programs and services reflect the cultural diversity of our community. We do not discriminate on the basis of religion, race, color, national origin or disability.

