

Community Recreation & Education Department
1456 Warren Road, Lakewood, Ohio 44107
Phone: 216-529-4081

www.lakewoodrecreation.com



Leslie Favre Krogman, Coordinator

VOLUNTEER APPLICATION

(Please print or type)

PROGRAM APPLYING FOR: _____
Age Group & League

PERSONAL INFORMATION:

Name: _____ / _____ / _____
Last First MI Date of birth

Address: _____
Number Street City Zip Male Female
Sex (Circle One)

Telephone Number(s): _____ E-Mail: _____
Preferred Number Alternative Number E-Mail Address

HEAD COACH ONLY: I wish to receive a coaches credit on my account post season for the amount I paid this season.
Please check one: Yes No

No applicant will be permitted to participate in any program until all areas of the background check are completed and received. Any applicant providing false information will be immediately disqualified for any current or future program.

EMERGENCY CONTACT INFORMATION:

Name: _____
Last First MI Relationship

Address: _____
Number Street City Zip

Telephone Number(s): _____
Preferred Number Alternative Number

Have you ever worked/volunteered for the Lakewood City Schools? Yes* No
*if yes, please list department, dates and reason for leaving: _____

BACKGROUND INFORMATION:

Present Employer & Contact: _____
Name of Company Name of Supervisor Phone Number

Have you ever been dismissed from employment or refused re-employment: Yes* No
*if yes, please explain: _____

OVER

Who could we contact as a reference?

Name

Phone

Have you ever gone by a different name: Yes* No *if yes, please list: _____

Are you a Citizen of the United States: Yes No* *If no, list citizenship: _____

Lakewood City Schools - Community Recreation and Education Department

Volunteer Waiver and Consent Form

In continuing our effort of maintaining a safe environment for participants and staff members, the Community Recreation and Education Department, under the guidelines set by the Board of Education, requires a background check of each volunteer applicant 18 years of age and older.

The background check will include, but is not limited to, fingerprints submitted to the Ohio Bureau of Criminal Investigation, required documentation of residency within the State of Ohio for a minimum of five (5) consecutive years, and submission of fingerprints to the Federal Bureau of Investigation if the applicant is unable to provide the five (5) year proof of residency.

Information obtained through the background check will remain on file in the Community Recreation & Education Department and will not be disseminated without prior approval of the applicant.

The Community Recreation and Education Department requires a background check for any volunteer/worker applicant every five (5) years and reserves the right to require a background check at any time if deemed to be necessary for maintaining a safe environment for participants and staff members.

The Lakewood Board of Education will cover the expenses for completing background checks for all applicants.

PARTICIPATION: I hereby acknowledge the possibility that injuries may occur during participation in Lakewood Community Recreation and Education programs and expressly assume the risk of all such injuries. Although most injuries are minor, injuries may occur that are severe enough to cause permanent disability, such as paralysis, or death. In consideration of the Lakewood Community Recreation and Education Department allowing me to participate in Lakewood Community Recreation and Education programs, I hereby irrevocably and unconditionally release and forever discharge the Lakewood Community Recreation and Education Department, Lakewood Board of Education and their board members, administrators, employees, agents, instructors, aides and volunteers (collectively, the "Released Persons") from any and all claims, actions, demands, rights, liabilities, damages, costs, expenses or causes of action of whatever kind which may arise out of or relate in any way to my participation in any Lakewood Community Recreation and Education program. Further, I hereby indemnify, defend and hold harmless any and all Released Persons against and from any and all claims, actions, demands, rights, liabilities, damages, costs, expenses or causes of action of whatever kind which may arise out of or relate in any way to my participation in any Lakewood Community Recreation and Education Department program or any use of my recordings as authorized below. I understand that all participants in Lakewood Community Recreation and Education Department programs are required to abide by the rules and policies of the Lakewood Board of Education and the Lakewood Community Recreation and Education Department, and further understand that my failure to do so may result in termination of my participation in any or all programs. I will be responsible for all facilities and equipment used and/or issued to me throughout the programs, and will pay the repair/replacement cost for any facility and/or equipment damaged, lost or not returned by me. I understand that all facilities and equipment must be used only in the manner for which they are intended.

USE OF RECORDINGS: I hereby authorize the Lakewood Board of Education and the Lakewood Community Recreation and Education Department, their employees and agents to record my picture and/or voice (including but not limited to my spoken or other vocal content) on photographs, films, video and audio tapes, CD-ROMs, DVDs, digital files or any other media in connection with any or all Lakewood Community Recreation and Education programs. Further, the Lakewood Board of Education and the Lakewood Community Recreation and Education Department are hereby authorized, at their discretion, to use and to license others to use such recordings in their original or edited form in any media (print, broadcast and others) for any and all educational and/or commercial purposes, and to use my name, likeness, voice and spoken or other vocal content for such purposes. I acknowledge and agree that I will not be compensated for any use by the Lakewood Board of Education or the Lakewood Community Recreation and Education Department of such recordings. I further acknowledge and agree that the Lakewood Board of Education will own exclusively any and all rights to such recordings.

Volunteer Applicant Signature

Date

Parent/Guardian Signature (if applicant under 18)

Date