



**SUMMER OF SERVICE
VOLUNTEER APPLICATION AND AGREEMENT**
(Please print)

Volunteering for: _____ **Today's Date:** _____

Name: _____

Home Address: _____

City/State/Zip: _____

Daytime Phone: _____ **Evening Phone:** _____

E-mail: _____

Best way to contact you: *Daytime Phone* *Evening Phone* *E-mail*

Personal Information: I am 18 or older **Date of Birth**

Contact information in case of emergency ~ *Name:* _____

Relationship: _____ *Phone Number:* _____

Medical Information: Are there any allergies, medical issues or disability concerns that we should be aware of?

I agree to perform the volunteer duties to which I am assigned to the best of my ability and in a professional manner.

I understand that as a volunteer, authorized by the Volunteer Coordinator, I am afforded liability protection with respect to damages to third parties to the same extent as county employees, as long as I am acting within the scope of my duties as a volunteer. Howard County assumes no liability for injury to myself or damage to my personal property unless caused by the negligence of the County.

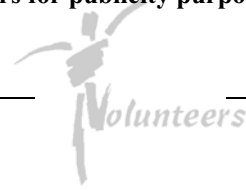
On behalf of myself, I understand that there are inherent dangers in any recreational activity or program such as slips, falls, and various athletic injuries related to sports and play. I/we hereby release and hold harmless Howard County, Maryland, its officials, agents and employees from liability or obligation arising from, or in connection with, my/my child's volunteer activities.

I hereby certify that the information provided above is true and complete to the best of my knowledge.

Howard County reserves the right to photograph programs and volunteers for publicity purposes.

Name of Applicant

Date
(rev. 6/29/09)



Date : _____
Program: _____
Hours Worked: _____
Job Description Attached: <input type="checkbox"/>