



TOWN OF SALEM, NEW HAMPSHIRE
HUMAN RESOURCES DEPARTMENT
 33 GEREMONTY DRIVE, SALEM, NH 03079
 (603) 890-2070

VOLUNTEER SERVICE ACKNOWLEDGEMENT AND RELEASE

Thank you for your interest in becoming a volunteer for the Town of Salem, Parks & Recreation Department.

Volunteering is a rewarding experience that gives you a chance to meet new people, make new friends, explore new interests and make a significant contribution to your community!

Please fill out the information listed below and return this at your earliest convenience. Be sure all the information is complete as this will assist us in matching your talents and interest with a volunteer assignment. The information you provide will only be used in relation to your volunteer assignments and will not be made available to the public. Please

print: Today's Date: _____ Languages: _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ D.O.B. _____

Email: _____

Emergency Contact 1: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Emergency Contact 2: _____ Relationship: _____ Phone: _____

_____ Cell Phone: _____

Student Volunteer: Instructor's Name: _____ Phone: _____

School: _____ School Address: _____

Availability: Please indicate the days and times you are usually available to volunteer.

	Sun	Mon	Tues	Wed	Thru	Fri	Sat
Morning	<input type="checkbox"/>						
Afternoon	<input type="checkbox"/>						
Evening	<input type="checkbox"/>						

My availability is:

- Time available: Mornings Weekends Monthly
 Afternoons Occasionally Summer
 Occasionally Weekly

List any volunteer and or professional experience; _____

Please tell us about your interests and skills.

- Skills:**
- | | | |
|--|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Aquatics | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Computers | <input type="checkbox"/> Data entry |
| <input type="checkbox"/> Neighborhood clean-up | <input type="checkbox"/> home repair | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Organizing events | <input type="checkbox"/> Newsletter editing | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Office Support | <input type="checkbox"/> Research |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Web design | <input type="checkbox"/> Other describe below |

Other skills: _____

- Interests:**
- | | | |
|--|--|--|
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Crime prevention |
| <input type="checkbox"/> Education | <input type="checkbox"/> Environment | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Senior citizen activities | <input type="checkbox"/> Youth & Teen activities |
| <input type="checkbox"/> Special events | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Trips & Tours |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Photography | |

AGREEMENT

By submitting this application, I certify that all statements I have made on my application are true and correct and I hereby authorize the Town of Salem to investigate the accuracy of this information. I am aware that background check is required before placement in some positions. I understand that I am working at all times on a voluntary basis, without monetary compensation or benefits, and not as a paid employee. As a Town of Salem volunteer, I give the Town of Salem permission to use any photographs or videos of me during my service without obligation or compensation to me. I understand that the Town of Salem reserves the right to terminate a volunteer’s services at any time.

WAIVER AND RELEASE FROM LIABILITY / ASSUMPTION OF RISK

Volunteer Program

I voluntarily and knowingly release and hold harmless the Town of Salem its officers, employees, volunteers, agents, and any persons or entities with which/whom the Town is now or in the future affiliated (collectively “the Town”), from any and all liability, lawsuits, or claims for injuries, death, or property damage resulting from, arising out of, or in any way connected with my involvement in the volunteer program. This waiver and release shall apply even in the event that such personal injury, death, or property damage is caused or contributed to in whole or part through the passive or active negligence of the Town (with the exception of sole, active negligence). I further acknowledge that this Waiver and Release from Liability/Assumption of Risk is binding on my heirs and dependents, as well as myself.

I also certify that I am not aware of any physical/health conditions that would create a likelihood of harm/injury should I participate in this Activity or any similar recreational pursuit.

I HAVE READ THIS WAIVER AND RELEASE FROM LIABILITY/ ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT, AND RECOGNIZE THAT IT IS A LEGALLY BINDING DOCUMENT. I SIGN THIS WAIVER AND RELEASE FREELY, VOLUNTARILY, AND WITHOUT INDUCEMENT.

Signature

Date

Print Name

For Office Use Only

Send to HR by: _____ Cleared Not Cleared Date: _____

Position Placement/Job Site: _____

Received by HR: _____