



Applicant (last name, first name, middle initial)			Phone		
Address			Apt. Number		
City	State	Zip Code	Date of Birth	Age	Gender
E-mail					
School Name		School ID #		Graduation Month/Year	

T-Shirt Size: SM MD LG XLG XXL

In case of an emergency, please contact:

1- Name	Phone	Relationship
2- Name	Phone	Relationship
3- Name	Phone	Relationship

Please answer the following questions accordingly. Thank you!

➤ Are you doing community service as a graduation requirement for high school? YES NO

If NO, briefly describe what you need community service hours for?

Parents Section

PARTICIPATION: I hereby give permission for the participant named above to take part in all programs/events sponsored by the City of Doral Department of Parks and Recreation. My permission shall be effective upon signing the Volunteer application and terminates at the graduation date given above. I have instructed the participant to obey, at all times, all instructions, orders and commands given by the authorized representatives of the Department of Parks and Recreation or their designees. I further authorize the Department to film and/or photograph the participant in such events for use in publicizing the events.

RELEASE OF ALL CLAIMS: The undersigned, individually and on behalf of the participant, releases, covenants not to sue and forever discharges the City of Doral, its Officers, Agents, Employees, Coaches, and other Volunteers and their successors and assigns (all of whom constitute the released parties) of all liabilities, claims, actions, damages, costs or expenses that the participant may have against the released parties arising out of or in any way connected with participation in the programs/events sponsored by the Department of Parks and Recreation, including travel to and from such events/programs, and including injury or damage to person or property, or resulting in death of the participant, whether caused by the NEGLIGENCE of the released parties or otherwise.

CONSENT TO TREATMENT: I authorize such physician or medical staff as the City may designate to carry out any minor medical treatment deemed necessary, or to take the participant to the emergency room of the nearest hospital for treatment, if necessary.

Terms and Conditions:

Terms and Conditions of Volunteer Participation

Volunteers are not considered employees of the City of Doral. Volunteers do not receive any wages, compensation or other remuneration and are not eligible for any employee benefits from the City. Volunteer hours may be applied towards community service credits. Volunteers are covered by workers compensation (Chapter 440, Florida Statutes). Volunteers are required to comply with all applicable City and Department of Parks and Recreation policies and rules and the City reserves the right to terminate the volunteer status of an individual at any time and for any reason. After completion of the activity (ies) with the Students in Action Volunteer Program, volunteers are required to return all uniforms, ID cards, and other City-supplied property.

By signing this application, I agree to the terms and conditions for volunteer participation with the City of Doral.

Signature

Date

Student Volunteer Permission (Required for applicants less than 18 years of age)

I, _____, as the parent or legal guardian, grant permission for the above named Applicant to volunteer with the City of Doral's Students in Action Volunteer Program

Signature

Date

*A copy of applicants photo ID is required for approval.
*When complete, submit application to
MORGAN LEVY PARK - 5300 NW 102 AVE
Fax: 305-482-9591

Department use ONLY

Approved by: _____