



# TRAIL RUNS THROUGH IT VOLUNTEER APPLICATION

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Available Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Times and days of the week: \_\_\_\_\_

Please list any medical conditions that may affect your activities as a volunteer:  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you currently certified in any of the following: CPR \_\_\_\_\_ 1st Aid \_\_\_\_\_

State age if under 18 and over 70: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

I assume all risks and hazards incidental to the conduct of the work on the Trail Runs Through It project. Further I hereby release, absolve indemnify and hold harmless the City of Whitefish, TRTI, , employees and any or all of them for any injuries I may sustain as a participant in these activities. Volunteers are involved at their own risk. Further I hereby grant authority to a qualified doctor to render such treatment as deemed necessary under the circumstances.

I authorize a representative of the City of Whitefish, Montana to conduct a background investigation on my person. Said representative is authorized to obtain information relating to my activities from individuals, schools, employers, and criminal justice agencies

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Your social security number is required to do the background check and also provide worker's compensation insurance if you are injured while performing your volunteer activities.)

Signature: \_\_\_\_\_  
Volunteer

Date signed: \_\_\_\_\_

Signature: \_\_\_\_\_  
Program Manager

Date signed: \_\_\_\_\_

Signature: \_\_\_\_\_  
Parks and Recreation Director

Date signed: \_\_\_\_\_