



SOUTH TIMNATH
METRO DISTRICT

VOLUNTEER APPLICATION

(Please Print)

Name: First _____ Last: _____

Phone: Cell _____ Home: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to contact in case of emergency:

Name: _____ Phone: _____

Relationship: _____

Are you 18 years of age or older? Yes _____ No _____

Please note: a parent/guardian MUST supervise Volunteers under age of 16 at all times.

Area of Volunteer Interest: *(Please select your first and second choice)*

- Social Community
- Website
- Clean up for events
- Set up for events
- Mailings
- Newsletter
- Other

Have you ever been arrest and convicted of a felony? Yes _____ No _____

Volunteer Signature

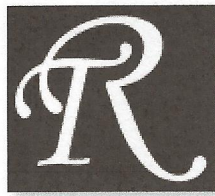
Date

Signature Parent/Guardian if less than 18 years old

Date

Please return this complete form to:

South Timnath Metro District
1927 Wilmington Drive, Ste 101
Fort Collins, Colorado 80528



SOUTH TIMNATH
METRO DISTRICT

GENERAL RELEASE OF LIABILITY

The undersigned in exchange for the opportunity to participate in working with the **South Timnath Metro District**, does hereby and forever release and discharge **South Timnath Metro District** and any sponsoring partners of their affiliates and respective board members, officers, employees, agents and volunteers from any and all claims, actions, expenses, liabilities, or damages of any nature whatsoever, including costs and attorney's fees, arising out of any personal injury, or any loss or any damage to property, in any way resulting from or otherwise relating to the undersigned participation as a volunteer.

The undersigned further agrees that **South Timnath Metro District** may photograph, televise, and videotape the undersigned in conjunction with activities associated with **South Timnath Metro District** for program image advertising in a non-commercial use, including but not limited to promotion, the broadcast and/or news coverage of Volunteer connections activities.

By signing this form, the undersigned acknowledges having read the general Release, and agrees to abide by all policies, rules, and guidelines set forth by the **South Timnath Metro District**. Further, the undersigned is aware of and understands the nature of the volunteer positions and their requirements and conditions.

Printed Name T-Shirt Size (when available)

X _____

Volunteer Signature Date

X _____

Parent/Guardians Signature if less than 18 years old Date

Address: _____ Phone: _____

City: _____ Zip: _____

Home# _____ Cell# _____