

Volunteer Group Application

Group Name _____

Member Name _____

Member Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Group Leader _____

Any medical concerns that the City should be aware of? _____

Volunteer Waiver

I do hereby release and hold harmless the City of Fairfield Volunteer Program, supporters, officers, agents and employees and the homeowner for whom I am doing volunteer work, for any injury that I may suffer or incur as the result of my volunteering.

Signature of Volunteer Date

Signature of Parent or Guardian Date

** if Volunteer is under 18 yrs.

Photo Release

The City of Fairfield Volunteer Program has my permission to use my photograph in publicity in the future.

Signature of Volunteer Date

Signature of Parent or Guardian Date

** if Volunteer is under 18 yrs.

Please return all forms to:

Brittany Theilman
Parks & Recreation Department
411 Wessel Drive
Fairfield, OH 45014

Phone: 513-867-5348
Fax: 513-867-6070

