



Boulder County Parks and Open Space Volunteer Trail Crew Leader Application

PERSONAL INFORMATION

Name: _____ Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____ Phone: _____

EXPERIENCE

Current Occupation: _____

Previous Relevant Experience:

TIME AVAILABILITY (check which times you are available to work)

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning
<input type="checkbox"/> midday	<input type="checkbox"/> midday	<input type="checkbox"/> midday	<input type="checkbox"/> midday	<input type="checkbox"/> midday	<input type="checkbox"/> midday	<input type="checkbox"/> midday
<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening

Can you commit to leading at least two trail projects during the year? Yes No

Are you interested in the Work On Your Own option? Yes No

What interests you about becoming a volunteer trail crew leader?

REFERENCES: (Someone you have volunteered for/with, or someone who knows you and how you work with others)

Name: _____ Daytime Phone: _____

Name: _____ Daytime Phone: _____

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WAIVER OF LIABILITY

I, the undersigned, volunteer with the Boulder County Parks and Open Space Department and fully understand and agree to the following:

1. That I will be responsible for following the rules, regulations and instructions of my placement, and that as a volunteer I will act as a representative of the Boulder County Parks and Open Space Department and/or the County of Boulder.
2. That I am aware of the inherent dangers involved in volunteer activity, which may include, but are not limited to, the following: risks associated with weather, terrain, wildlife, plants, domestic pets and livestock, loss of personal equipment, use of tools and equipment, sudden illness, allergic reactions, water related accidents, natural disasters, accidents related to buildings, facilities, and travel, and other risks, and I freely and knowingly assume all risk to my person and or property.
3. That I, my heirs, executors, and assigns agree to indemnify and hold harmless the County of Boulder and its employees and agents from liability for any claims, amounts, and/or damages, including reasonable attorney's fees, that may arise from my conduct while I am participating in the volunteer program. By demanding this right to indemnification, the County in no way waives or intends to waive the limitations on liability which are provided to the County and its employees under the Colorado Governmental Immunity Act, C.R.S. ss 24-10-101 et. seq., as amended.
4. That I release the County of Boulder and all of its agents from all liability for any injury that might be inflicted on me or third persons or property by my own action.
5. That in the event the County or a volunteer provides transportation for me, I agree to wear a seat belt at all times and comply with all relevant County policies.
6. That in case of accident or illness, I give my permission for the Boulder County Parks and Open Space Department to seek emergency medical services for me with the understanding that I am responsible for any expenses incurred that are not covered by insurance.

Name of Doctor: _____ Phone: _____

Please list any allergies or medical conditions with which we should be familiar:

Signature: _____ Date: _____

Please complete both sides, sign the application and return it to:

Boulder County Parks and Open Space

Attn: Matt Bruce

5201 St. Vrain Rd.

Longmont, CO 80503