



**Corvallis Parks & Recreation**  
 1320 SW Avery Park Drive  
 Corvallis OR 97333  
 Phone: 541-754-1739  
 Fax: 541-758-1386  
 Or E-mail to: Steve.mcgettigan@corvallisoregon.gov

## VOLUNTEER STEWARD APPLICATION

NAME: \_\_\_\_\_ HOME/CELL PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CITY: \_\_\_\_\_  
 ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

*PLEASE CIRCLE AREAS OF INTEREST*

**\*\*Park Operations Steward**

**\*\* Park Neighborhood Tree Steward**

Please list experiences you have had in your interest areas:

How many hours would you like to volunteer per week? \_\_\_\_\_

\*Cleared Background check is needed *once accepted* for the position

Are you **First Aid/CPR/AED Certified**? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the date of expiration: \_\_\_\_\_  
 A copy of your current certifications may be requested depending on your Volunteer Position.

References (Please do not list relatives.)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

**Please flip over for the back page.**

Next Section To be completed with a Staff Member Present

**VOLUNTEER AGREEMENT**

I \_\_\_\_\_ agree to volunteer for the Corvallis Parks and Recreation Department and having read and understood the contents and nature of this agreement, state that I understand and agree that

- I will perform the volunteer services pursuant to the position/activity listed above, **and**
- my participation in this activity is completely voluntary, I have neither received nor expect to receive any compensation for participating **and**
- I will adhere to all applicable Department and City rules, regulations and policies **and**
- the above position/activity may expose me and others to a variety of hazards. Dependant on the nature of the performance, the risk of injury attendant with the performance, whether foreseen or unforeseen, cannot be eliminated due to the nature of the performance, **and**
- I am physically able to and sufficiently trained for the type of services to be provided and agree to assume full responsibility for my own safety and the safety of other members of my group. **and**
- If I am injured during participation, I will report the injury immediately to my supervisor or the department. **and**
- If I am unable to fulfill this agreement, I will notify the department at least 24 hours in advance.

Pursuant to City of Corvallis Administrative Police AP 4-03 Insurance Guidelines for Volunteers, volunteers other than public safety and Mayor/Council are covered by the City’s **Excess Accident Medical Policy\*** while performing duties for the City. Volunteers are also covered by City automobile insurance during authorized operation of City vehicles. If a volunteer uses his/her personal vehicle for City business, the volunteer must provide primary vehicle insurance coverage.

By signing this release form, I agree to waive and discharge all claims and to hold harmless the City of Corvallis, its Council, commissions and boards, officers, employees, volunteers and agents from any claims for injury or damages that may arise from, or in connection with my volunteer service. I understand this Agreement, and I have read this Agreement in its entirety, and I freely and voluntarily assume all risks and responsibilities associated herewith, and notwithstanding such, I agree to perform pursuant to this agreement and be bound by its conditions.

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be in affect thereby and shall remain valid and fully enforceable.

\_\_\_\_\_  
Signature of Participant (or parent if participant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor or Program Coordinator

\_\_\_\_\_  
Date

**\*Excess Accident Medical Policy** – This coverage is in excess of any other health insurance that you have in place. Benefits are payable for eligible expenses that are in excess of benefits paid to the volunteer by any other health care plan. In the event no other health insurance exists, benefits will be payable on a primary basis. The excess accident medical coverage will pay up to \$50,000 for medical treatment, hospitalization and licensed nursing care required as the result of a covered accident. The insurance applies while you are traveling directly to and from, and while you are participating in, volunteer- related activities. **Initial medical expenses must be incurred within 60 days of the accident. Expenses are then covered for a one-year period following the accident.**

Dental care is covered up to \$500 per tooth for accidental injury to teeth and repair of dentures. Maximum benefit is \$900 per accident.

This coverage also provides up to \$50 for repair or replacement of eyeglass frames and up to \$50 for repair or replacement of eyeglass prescription lenses damaged as a result of a covered accident.

The maximum payment under this coverage, including dental and eyeglass expenses, is \$50,000.

**This insurance does not duplicate benefits payable under any other valid and collectible insurance coverage.**

Accidental Death and Dismemberment Coverage – In addition to the accident medical coverage, the plan will pay benefits for death or loss of limb or sight, occurring within one year as a result of a covered accident.