

Memorial Park Conservancy

Volunteer Application

Please mark volunteer opportunities you are interested in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Trail Maintenance | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Photography | <input type="checkbox"/> Events & Projects |

Times you have available for volunteering

- | | | | | | | | | | | | | |
|-------------------------|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| Mornings (9am-noon) | <input type="checkbox"/> | Mon | <input type="checkbox"/> | Tue | <input type="checkbox"/> | Wed | <input type="checkbox"/> | Thu | <input type="checkbox"/> | Fri | <input type="checkbox"/> | Sat |
| Afternoons (Noon-5pm) | <input type="checkbox"/> | Mon | <input type="checkbox"/> | Tue | <input type="checkbox"/> | Wed | <input type="checkbox"/> | Thu | <input type="checkbox"/> | Fri | <input type="checkbox"/> | Sat |

Volunteer experience / Interests/ Special Skills

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Names of Participants & Minors (required)* + Ages (optional)

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How did you hear about volunteer opportunities for MPC

Volunteer Match _____

CEC _____

Single Source _____

Other (explain below)

Adult / Parent / Guardian's Contact Information

First Name*

Address*

Last Name*

Address 2

Organization / Company (if applicable)

City*

Phone* (include area code ie: 713-555-5555)

Zip Code*

Emergency Phone* (include area code)

Email Address:*

Volunteer Waiver

I do hereby agree that I will indemnify and hold harmless the Memorial Park Conservancy, Inc. and Houston Parks & Recreation Department, its officers, agents and assigns, and its members, from any and all liability or claims of injury of whatsoever nature which may be incurred by me as a result of my voluntary participation in the project sponsored by the Memorial Park Conservancy, Inc. and City of Houston Parks and Recreation Department, including but not limited to the following activities.

Possible use of clippers, rakes, hoes or shovels will be needed to assist in the clearing process. Bagging litter and/or debris along designated sites and/or collecting piles of trash and litter to be bagged and transporting debris to collection point.

I further represent and certify to the Memorial Park Conservancy, Inc. and Houston Parks and Recreation Department, its officers, agents and assigns that I am physically able to do the various things enumerated above without limitation, and that I have no disabilities which might prevent me from doing the same.

I certify that either I am eighteen (18) years of age or older, or that my parent or court-appointed guardian has full knowledge of my participation in this event and has given me permission to participate, as evidenced by his/her signature below.

Important Instructions:

Print and mail the signed form to:

**Memorial Park Conservancy, Inc.
P.O. Box 131024 Houston, TX 77219**

Undersigned has read the above and understands waiver terms and restrictions

Signature Required

ADULT / PARENT

DATE