



## Volunteer Application

Please Print

*All Applications should be returned to the Clinton Parks and Recreation Office at  
560 High Street, Clinton, MA 01510*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

School Attending: \_\_\_\_\_

Hours Needed for School: YES NO If Yes, How many hours needed?: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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Please let us know your availability to volunteer.

Days of the week available: \_\_\_\_\_

Hours available: \_\_\_\_\_

### **INJURY WAIVER:**

In consideration of participation of the minor player named above in this recreation program, the undersigned parent or guardian hereby consents to his/her participation and releases and holds harmless the Towns of Clinton and the Clinton School District and their officers, agents, and employees from any liability for, and waives all claims, suits, or causes for action that the undersigned, as parent or guardian, and said minor, either before or after he/she may reach his/her age of majority, may have now or hereafter based on or arising from, any injury suffered or incurred by the minor player as a result of, or in conjunction with, his/her participation in said recreation program. Such waiver and release to be in effect without regard to whether such injury is the result of or caused by the fault of the town of Clinton or the Clinton School District or any of their officers, agents, or employees. This instrument is intended to take effect as a sealed instrument. I further certify that my child is medically fit to participate in the above recreation program.

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Signature of applicant

Date

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Parent signature (if volunteer is under 18 yrs. of age)

Date

*THIS FORM MAY NOT BE ALTERED*

**Town of Clinton  
Parks and Recreation Department  
Release of Claims, Indemnity and Hold Harmless Agreement**

**Acceptance of the terms and conditions of this release and agreement is a condition of participating in any recreation or maintenance volunteer program on Town of Clinton property.**

I, \_\_\_\_\_, in consideration of my participation in any voluntary recreation or maintenance work on Town of Clinton property, and for other good and valuable consideration hereby acknowledged, do hereby agree in behalf of myself, my heirs, and personal representatives, to forever RELEASE the Town of Clinton, Massachusetts and its employees, agents, Parks & Recreation Commission, staff, representatives, officers, volunteers, successors, assigns, or contractors (the "Releasees"), from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorneys' fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries or property damage which I may have as the result of my participation and use of such trail clearing or maintenance of trails owned by the Town of Clinton and all activities related thereto, except for any loss, damage or injury resulting from the gross negligence or willful misconduct of the Releasees.

I further assume all risks associated with use of said properties and acknowledge that such participation is voluntary and self-directed and not directly supervised by an agent or employee of the Town of Clinton and may expose me or my property to the risks resulting from such participation and use. I therefore also promise, to INDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorneys' fees, arising from personal injuries to myself, or property damage resulting from my participation in recreation/volunteer programs on properties operated by the Town of Clinton or the administration of first aid.

I hereby further covenant for myself, my successors, assigns, heirs and personal representatives not to sue the said Releasees on account of any such claim, demand, or liability. By signing this Release of Claims, Indemnity and Hold Harmless Agreement, I hereby acknowledge that the information I have provided is accurate and truthful to the best of my knowledge. I have carefully read this release of liability and understand and voluntarily agree with and accept its terms and conditions.

**NOTE THAT ANY PARTICIPANT UNDER THE AGE OF 18 MUST ALSO SUBMIT A PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT.**

Name (Printed) \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,  
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.  
ACKNOWLEDGEMENT FORM

\_\_\_\_\_ is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal date of my signature. I may withdraw this authorization at any time by providing to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the information to the DCJIS. I hereby acknowledge and provide permission to written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The \_\_\_\_\_ may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SUBJECT INFORMATION:**

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Last Name	First Name	Middle Name	Suffix
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Maiden Name (or other name(s) by which you have been known)

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Date of Birth	Place of Birth
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\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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Mother's Full Maiden Name	Father's Full Name
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**Current and Former Addresses:**

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Street Number & Name	City/Town	State	Zip
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Street Number & Name	City/Town	State	Zip
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The above information was verified by reviewing the following form(s) of government-issued identification:

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VERIFIED BY: \_\_\_\_\_

Name of Verifying Employee (Please Print)

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Signature of Verifying Employee