



## Park Steward Application

Once completed please return to: [volunteer@idahofalls.gov](mailto:volunteer@idahofalls.gov) or  
520 Memorial Drive, Idaho Falls, ID 83402

Received applications will be processed within 2 weeks. Anyone wishing to become a Park Steward will have to pass a background check before participating.

### CONTACT INFORMATION

APPLICATION DATE: \_\_\_\_\_

NAME (first, last): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BEST CONTACT #: \_\_\_\_\_ text ok? Yes No

EMAIL: \_\_\_\_\_ TSHIRT SIZE: \_\_\_\_\_

### AREAS OF INTEREST (check all that apply)

- |                            |   |
|----------------------------|---|
| Litter Clean Up            | Weeding/Invasive Plant Removal                                    |
| Dog Waste Station Stocking | Trail/Park Cleanup (i.e. removing falling debris after wind/snow) |
| Gardening                  | Poop Patrol (to address issues of dog waste in parks)             |
| Public Information         | Volunteer Leader  |
| Painting                   | Tree Trimming Other: _____  |

### AVAILABILITY

Time expected to volunteer: \_\_\_\_\_ hours per \_\_\_\_\_ week \_\_\_\_\_ month (select one)

Please list any special skills, education, or hobbies that will help you with your volunteer position: \_\_\_\_\_

### ADDITIONAL QUESTIONS

As our program builds we are hoping to offer monthly educational classes for Park Stewards. To help us organize these classes. What areas would you be interested in learning more from a City Employee or member of our community (check all that apply):

- |                          |                          |             |
|--------------------------|--------------------------|-------------|
| Horticulture             | Trail Maintenance/Design | Landscaping |
| Trees                    | Idaho Falls Park History | Irrigation  |
| Weeding/Invasive Species | First Aid                |             |

Why do you want to become a park steward? \_\_\_\_\_

Anyone wishing to join the park steward program will have to complete a background check with the City of Idaho Falls. **Do you agree to a background check?** Yes No

### FOR INTERNAL USE ONLY

RECEIVED	INITIALS: _____	DATE: _____
CONTACTED	INITIALS: _____	DATE: _____
BACKGROUND CHECK	INITIALS: _____	DATE: _____
T-SHIRT SIZE: _____ QTY: _____	INITIALS: _____	DATE: _____



**AGREEMENT BY VOLUNTEER:**

I agree to volunteer my services to the City of Idaho Falls in accordance with the following understandings:

1. I will offer my services with no expectation of pay, benefits or other privileges of employment of any kind. I certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer work.
2. I understand that placement into volunteer positions are at the sole discretion of the City of Idaho Falls. Accordingly, my volunteer assignment/service may be withdrawn or terminated at any time.
3. My volunteer service will not confer on me the status of a City employee, while acting within the scope of this Agreement.
4. I certify that I have been given and have read the City of Idaho Falls Volunteer Guidelines. I understand my job duties and the potential hazards/risks that are involved, if any, for this volunteer position. I understand it is my responsibility to be aware of my physical condition and I will not engage in physical activities that are beyond my capabilities. I will notify my volunteer coordinator/supervisor of any significant change in my ability to do the work. If special skills are required for this project, I acknowledge I have been appropriately informed of the required tasks.
5. I grant the City permission to use my image in any and all publicity, advertising, and other materials, including websites and other electronic forms, or any other uses the City may deem proper. I waive any right to payment, royalties or any other consideration for use of the image in perpetuity.
6. I hereby hold harmless and release and forever discharge the City of Idaho Falls, its officers, agents, employees and volunteers from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have which arises out of or is in any way connected with this agreement.
7. If I drive a personal vehicle to and from a volunteer project, I certify that the vehicles are properly insured as required by Idaho State Law.
8. I understand and agree that the City is not responsible for any of my personal property that is lost, damaged or stolen while I am participating as a volunteer.
9. As the parent, guardian, or supervising adult of the applying volunteer (if under the age of 18) I have read the City of Idaho Falls Volunteer Guidelines, agree to all the City's Volunteer Policies on his/her behalf, and grant permission for my child or ward to perform volunteer services for the City. I will keep informed of any changes in the City's Volunteer Policy that may affect his/her service or changes to his/her service requirements.
10. If representing a group, such as a church/school group, corporation, civic club, or other organization, it is my responsibility to ensure that all group members are given access to the City of Idaho Falls Volunteer Guidelines and are informed of the City's Volunteer Policies. By agreeing to the City's Volunteer Policies, I acknowledge that I have informed all volunteers from our group of the City's Volunteer Guidelines and Policies and they have all agreed to the City's policies as a prerequisite of their volunteer service. It is my responsibility to keep my group's membership informed of changes in the City's Volunteer Policies or changes to their service requirements.

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE PARTICIPANT OR PARENT/GUARDIAN IF MINOR UNDER 18 YEARS OF AGE