

Town of Webster Parks, Recreation, and Community Services

985 Ebner Drive
Webster, NY 14580
(716) 872-2911
Fax: 716.872.7111

ADULT VOLUNTEER FORM

As the needs of the community and our department grow, we will need to rely more and more on volunteers. Some programs and leagues would not be able to be held if it were not for the time, dedication and support of volunteers like yourself. On behalf of the Town of Webster and the Parks and Recreation Department we would like to thank you in advance for your time and energy.

NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT (name) _____ (phone) _____

Waiver for Volunteers

If an injury occurs, I authorize the person in charge to seek medical care. I will pay the cost of such care. I also release the Parks and Recreation Department from any liability arising out of participation in said program. I further understand that participation is at own risk and assume the risk of injury. I understand that I do not assume any liability for participants.

Signature _____ Date _____

Program(s) _____