



2014 Leader in Training Volunteer Application

Parents Name: _____

Phone: _____ Cell Phone: _____

Emergency Contact (please list 2 people):

Name	home phone	work or cell phone
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Name	home phone	work or cell phone
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In consideration of your acceptance of me or my child as a participant in an Edina recreation program, I hereby waive all claims against the City of Edina, its employees and its agents, and I release the City of Edina, its employees and its agents from all claims for all injuries, death and property damage suffered by me or my child incidental to, connected with, or arising out of the recreational activities for which my child or I am enrolled, including injuries suffered as the result of negligence by the City of Edina or its employees or agents, but not including injuries suffered as a result of their willful or intentional misconduct or gross negligence.

I give my approval to my child's participation in all City-sponsored activities during the current season. I understand that the program for which I have enrolled or given my child permission to participate in may be hazardous and that injuries may occur in the normal course of participation or instruction. I assume all risks and hazards incidental to my child's or my participation, including transportation to and from the activities. I also understand and acknowledge that the City of Edina has no medical or health insurance covering me or my child.

I understand the Park and Recreation Department staff or their representatives may photograph participants enrolled in programs, classes or events or enjoying park facilities. These photographs become the sole property of the City and are for City publications, including future issues of About Town and Activities Directory.

I also understand that information I have provided will be made available only to program staff, the City of Edina's insurer and attorney, and volunteers connect with the program, for the purposes of administering the activity and providing parents and children with information regarding scheduling or scheduling changes.

Signature _____ Date _____

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Name: _____ Current School Grade: _____

Address: _____ Zip: _____

Home Phone: _____ Cell: _____

Email address: _____

Please list all volunteer experience (church, school, clubs):

Why do you want to become a volunteer Leader in Training?

We request a commitment of 2 days per week (maximum 4 hours) and attendance at mandatory orientation sessions yet to be determined.

I want to volunteer with Super 6 & 7 (June 18-July 26), please check days:

_____ Mondays and Wednesdays from 12:45 - 4:15 p.m. at Cornelia Park

_____ Tues. & Thurs. 12:45 - 4:15 p.m. at Arden Park

I want to volunteer with Playgrounds (June 18-July 26), please check days:

_____ Mon. & Wed. 12:45 - 4:15 p.m. **Please circle site:** Arden Lewis Normandale Weber

_____ Tues. & Thurs. 12:45 - 4:15 p.m. **Please circle site:** Normandale Todd Weber Cornelia

I want to volunteer with Highlands Explorers *Nature Focus

_____ Tues. & Thurs. 12:45 - 4:15 p.m. Highlands Park

I want to volunteer with Playground Creators or Playground Performers

_____ Mon. & Wed. 12:45 - 4:15 p.m. Walnut Ridge - Performers (based on drama/singing/dance)

_____ Tues. & Thurs. 12:45 - 4:15 p.m. Walnut Ridge - Creators (based on arts and crafts)



2014 Leader in Training Letter of Recommendation

This form is to be completed by a school teacher, counselor, volunteer supervisor, religious leader or another responsible adult who is NOT related to the applicant. As a Leader in Training, this individual will assist Playground Leaders with games, crafts, activities as well as act as a role model for ages 4-8 who attend the programs.

Thank you.

Name of applicant: _____

How do you know this applicant and for how long? _____

Describe the applicant's ability to work with youth ages 4-8: _____

List 3 qualities that would make them a volunteer asset to our programs: _____

Signature

Relationship to applicant

Please return this form to:

Kristin Aarsvold, 4801 West 50th Street, Edina MN 55424 or

kaarsvold@ci.edina.mn.us