

Volunteering or Job Shadowing for WCPR

- Any individual or group interested in volunteering or job shadowing for WCPR must be approved by the Director or Deputy Director.
- Requests must be for a requirement or purpose and not “just” because the individual or group has an interest.
- Volunteers should not be used in the capacity of or in the place of a PT or FT WCPR employee.
- Once the request is approved any interested individual or group will be required to fill out the Volunteer/Job Shadowing Application before they are allowed to fulfill the task(s).
- Anyone under the age of 18 must have a parent or guardian sign the release form.
- A local background check may be required for anyone over 18 years of age. This will be at the discretion of the Director or Deputy Director.
- Individuals/groups that do volunteer or job shadow should wear a name badge for identification purposes while working that is provided by WCPR.
- Once the volunteer work is completed copies of all paperwork should be turned in to Payroll to be kept on file.



WILLIAMSON COUNTY
PARKS & RECREATION

Director: Gordon Hampton
1120 HILLSBORO ROAD FRANKLIN, TN 37064
PHONE # 615-790-5719

Volunteer/Job Shadowing Application Form

Name of Applicant: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____ Email: _____

Are you under 18 years of age? Yes ___ No ___

Emergency Contact Information

Name: _____

Phone Number: _____ Additional Number: _____

Address: _____

City: _____ Zip: _____

Relationship to Applicant: _____

Desired Area/Activity to Volunteer or Shadow

Date and Time Scheduled to Fulfill Volunteer Work or Job Shadowing

Applicant Signature: _____

Date: _____

WCPR Representative: _____

Date: _____

In consideration of myself or my minor child being permitted to participate in any way in the above named volunteer program, I, the undersigned, for myself and my minor child, all of my or my minor child's personal representatives, executors, administrators, heirs, next of kin, successors, and assigns, herein referred to as "Releasers", do hereby:

1. Acknowledge that this volunteer service carries with it the potential for serious injury, death and/or property damage, and certify as to my physical fitness and that of my minor child to participate and declare that neither I, nor my minor child, have been advised otherwise by a qualified medical professional;

2. Acknowledge, agree, and represent that I and my minor child will, at all times, be aware of the surroundings during the volunteer service and agree that if I or my minor child consider anything related to this volunteer service to be unsafe, will immediately advise the activity officials of such, and if necessary, will leave the area or refuse to participate further in the volunteer service;

3. To the fullest extent permissible by applicable law, waive, release and discharge, and covenant not to sue, Williamson County, its elected and appointed officials, employees, affiliates, volunteers, sponsors, and agents, including others who give recommendations, directions, or instructions as part of this volunteer service, from any and all liability to Releasers, for any and all loss or damage, and any claim or demands therefor, due to injury to the person or property or resulting in my death or that of my minor child arising out of or related to the volunteer service;

4. Assume full responsibility for any risk of bodily injury, death, or property damage arising out of or related to the volunteer service. I agree to comply with all applicable safety rules while performing my volunteer services;

5. To the fullest extent permissible by applicable law, indemnify and hold harmless Williamson County, along with its elected and appointed officials, employees, affiliates, volunteers, sponsors, and agents, from any and all claims for any and all expenses, personal injury, loss, or damages incurred during or in connection to my participating in this volunteer program; and

6. Agree that this release and waiver of liability and assumption of risk extends to all acts of negligence by Williamson County unless caused by Williamson County's gross negligence and willful misconduct to the fullest extent permissible by applicable law and is intended to be as broad and inclusive as is permitted by law including any governmental immunity afforded Williamson County by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I FULLY UNDERSTAND THE TERMS CONTAINED IN THIS WAIVER AND RELEASE AND THAT THIS WAIVER AND RELEASE SHALL BE LEGALLY BINDING ON THE UNDERSIGNED GUARDIAN, CHILD, AND THEIR PERSONAL REPRESENTATIVE, EXECUTORS, ADMINISTRATORS, HEIRS, NEXT OF KIN, SUCCESSORS, AND ASSIGNS.

_____ Date _____

Signature

Print Name:

If the listed volunteer is a minor, the following signatures of the volunteer's parents or legal guardians adhere to the above Release and Liability Waiver.

_____ Date _____

Parent/Legal Guardian's Signature

Parent/Legal Guardian's Printed Name