



Volunteer Sign-In Sheet

Parks FAX 253-856-6050 • dkennedy@KentWA.gov

Public Works FAX 253-856-6500 • mknox@KentWA.gov

THE FOLLOWING RELEASE INFORMATION IS REQUIRED FOR VOLUNTEER INSURANCE AND RECOGNITION PURPOSES. The City of Kent shall make every reasonable effort to provide a safe, enjoyable experience for all volunteers. However, the work associated with being a City volunteer involves certain risks of physical injury. By signing this form (and parent/guardian/group leader, for minors under 18), the volunteer assumes all risk of injury, damage and harm arising from such activities or use of City facilities and releases the City of Kent from any and all claims or liability for any bodily injuries relating to their volunteer activity. The volunteer (or parent/guardian/group leader, for minors under 18) understands that the City provides volunteer insurance for bodily injury during volunteer activities and authorizes any necessary emergency medical treatment that might be required in the event of physical injury and/or accident while participating in this activity. Adults bringing minors are responsible for their actions and for ensuring that children are escorted from the area by an authorized adult at the end of the event. By signing this form, the volunteer gives permission to be photographed and/or filmed and have their image used by the City of Kent. **(Volunteers who provide their email address will receive photos after the event and monthly notices of upcoming events via the Green Kent Newsletter.)**

Volunteer Lead or Kent Parks Event: _____ **Date:** _____

Location: _____ **Summary of Work:** _____

FIRST & LAST NAME (Please print clearly)	AGE (If under 18)	GROUP or SCHOOL (If applicable)	EMAIL ADDRESS	I want to receive Emails: Y/N	START TIME	END TIME	TOTAL HOURS:

Total # of Adults _____ **Total # Youth** _____ **Total # Volunteers** _____ **Total Volunteer Hours** _____