



## CITY OF MADISON PARKS DIVISION

## Individual Volunteer Release Form



VOLUNTEER INFORMATION		
NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP:
PHONE NUMBER:	EMAIL:	
GROUP NAME: (IF APPLICABLE)	NUMBER OF PEOPLE IN GROUP:	
PARK LOCATION:	SIDE OF TOWN PREFERRED:	
ARE YOU 18 OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HOURS IN THE PARKS:		
START TIME:	END TIME:	TOTAL HOURS:

## What type of volunteer work? (check all that apply)

- Dog Park Clean-Up  
 Earth Day Challenge  
 Flower Garden Program  
 Ride the Drive  
 Park Clean-Up, Trash Removal  
 Weeding or Invasive Species Removal  
 Pruning or Trimming  
 Spreading Gravel, Mulch, or Dirt  
 Planting  
 Gardening  
 Fundraising  
 Special Events  
 Adopt Ice Program  
 Office Support  
 Winter Operations

## Supplies Requested? (check all that apply)

- Leaf rake (2)  
 Hard Rake (13)  
 Hedge Trimmer (10)  
 Loppers (6)  
 Mini Leaf Rake (2)  
 Picker (12)  
 Flat Shovel (2)  
 Push Broom (1)  
 Broom (1)  
 Flat Ice Chipper (2)  
 Weed Pullers (4)  
 Hooked Hand Saw - Sythe (5)  
 Curved Hand Saw (10)  
 Pitch Fork (2)  
 Bucket (4)

## RELEASE STATEMENT

I understand that my services are being offered on a voluntary basis without anticipation of financial remuneration. I grant permission for my photo to be used in any promotional materials produced by the City of Madison Parks Division. I shall indemnify and hold harmless the City of Madison, its Board and Commissions and their officers, agents and employees from and against all claims, demands, loss of liability of any kind or nature for any possible injury incurred during volunteer service.

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (IF UNDER 18 YEARS OLD, A PARENT OR GUARDIAN WILL NEED TO SIGN)

Please fill out and return:

Email: [parksvolunteer@cityofmadison.com](mailto:parksvolunteer@cityofmadison.com)

OR Fax: Parks Division Office at: (608) 267-1162

OR Mail: City of Madison Parks Division, c/o Tracey Hartley, 210 Martin Luther King, Jr. Blvd., Rm. 104, Madison, WI 53703



CITY OF MADISON PARKS DIVISION



Group Volunteer Registration and Release Form

INFORMATION			
DATE:	START TIME OF PROJECT:	END TIME OF PROJECT:	TOTAL HOURS:
PROJECT DESCRIPTION:			PARK LOCATION:
MAIN CONTACT:	EMAIL:	PHONE NUMBER:	

RELEASE STATEMENT

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By signing this form, I agree to the terms of the release statement.

PRINT NAME/SIGN	BEST CONTACT EMAIL/PHONE	TOTAL HOURS

Please fill out and return:

- Email: [parksvolunteer@cityofmadison.com](mailto:parksvolunteer@cityofmadison.com)
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