



VOLUNTEER APPLICATION-TULSA PARKS

PLEASE PRINT

NAME: _____ PRIMARY PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

E-MAIL : _____

Check the type of volunteer work that interests you :

- Coaching Youth Soccer Coaching Youth Basketball Coaching Youth Tennis
- Coaching Youth Flag Football Special Events (City –Wide) Gardening
- Site Clean-up Special Events (Rec Centers) Marketing/Publicity
- Other (Please be specific) _____

*All volunteers that are working with youth under the age of 18 years of age, will be required to complete and pass a background check.

Insurance for Volunteers

The City of Tulsa carries NO insurance to cover accident or injury to any volunteer engaged in activities connected with the City. If you are injured, and are unsure of your rights, contact the Legal Department of the City of Tulsa.

Who to notify if injured: _____ Phone: _____

Relationship to you : _____ Alternate Phone : _____

Do you have any medical conditions or allergies that you want us to know about? _____

I hereby certify that the foregoing statements are , to the best of my knowledge, true and correct; and I agree that any misstatement or omission as to material fact will constitute grounds for dismissal.

SIGNATURE: _____ DATE _____

PLEASE RETURN THIS FORM, ALONG WITH THE BACK GROUND CHECK TO ANY OF TULSA PARKS RECREATION CENTERS OR MAIL TO:

DEAN RICHARDVILLE, TULSA PARKS , 175 E. 2ND, STE 570, TULSA, OK 74103 OR FAX 918699-2808