



**BISMARCK PARKS AND
RECREATION DISTRICT**
Est. 1927



APPLICATION FOR SAFETY VILLAGE VOLUNTEERS

****This is not a paid position, the table teachers will receive a gift card in appreciation for their time.**

****Job requirements: You must like working with young children and singing**

Have you ever worked for Safety Village? ☐ Yes ☐ No

Full Name: _____ Age: _____

2019-2020 School Year Grade: _____ (must be entering 7th grade next school year or older)

Parent / Guardian: _____ Work: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Cell): _____

****Social Security Number so you can be covered through the ND Workforce Safety and Insurance Program in case an injury should occur.** _____

******Safety Village will be held at the High Prairie Arts and Science Complex. The address is 1810 Schafer Street.**

Please circle the dates you will be available:

June 3-14	10:00 a.m. -12:00 p.m.	1:00 p.m.-3:00 p.m.
June 17-28	10:00 a.m. -12:00 p.m.	1:00 p.m.-3:00 p.m.
July 8-19	10:00 a.m. -12:00 p.m.	1:00 p.m.-3:00 p.m.
July 22- Aug 2	10:00 a.m. -12:00 p.m.	1:00 p.m.-3:00 p.m.

Employment is for two-week increments, not single or half days. Instructors will be at High Prairie from 9:30 a.m. to 3:30 p.m. We do not want you to work two sessions in a row! ******We need you there every day for the full two week session. The last Friday is graduation and you are required to be there for that.**

There will be an orientation meeting prior to the start of Safety Village for ALL personnel. Upon acceptance of your application, you will be notified and further instructions will be sent to you. We appreciate your willingness to assist with this worthwhile community program.

I recognize and acknowledge that there are certain risks of physical injury and/or death to participant in this program, and I agree to assume the full risk of any such injuries, death, damages, or loss regardless of severity which I or my child/ward may sustain as a result of involvement with this program. Further, I waive and relinquish all claims that I, my insurer, or my child/ward may have against the Park District and its officers, servants, and employees from any and all claims for injuries, damages or loss which I or my child/ward may have or which may accrue to me or my child/ward in relation to his/her involvement with this program, regardless whether the activity involved is supervised or unsupervised. I also agree to hold the Park District harmless for any injuries, death, or damages sustained in relation to my child/ward's involvement with the program. Nothing in this release shall be intended to release the Park District from responsibility for fraud or willful injury to person or property, nor for any violation of law. This release is intended to and release any claims for negligence and/or non-willful or non-criminal claims

I have read and fully understand the above agreement outlining my assumption of risk and waiver and release of all claims.

Signature of Parent/Guardian: _____ Date: _____