



# FORT BEND COUNTY PARKS & RECREATION DEPARTMENT VOLUNTEER APPLICATION

## Individual Volunteer Information

Participant's Name (*first, last*): \_\_\_\_\_ Participant's Date of Birth (*month/date/year*): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell # \_\_\_\_\_  Other # \_\_\_\_\_ *Please Check Preferred Method of Contact*

Email Address: \_\_\_\_\_

## In Case of Emergency Contact:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Printed Parent/Guardian Name (*if participant is under 18*): \_\_\_\_\_

Parent/Guardian Phone #s (*please provide 2*) \_\_\_\_\_

## Group Information

Group/Association Name: \_\_\_\_\_

Group Contact Person: \_\_\_\_\_ Group Contact Phone # \_\_\_\_\_

Group Contact Email: \_\_\_\_\_

Program/Event Name: \_\_\_\_\_ Event Date & Time: \_\_\_\_\_

***ALL VOLUNTEERS MUST COMPLETE AND SIGN A  
FORT BEND COUNTY PHOTO RELEASE FORM AND A RELEASE OF LIABILITY FORM.***

\_\_\_\_\_  
*Participant's or Parent/Guardian's Signature (if under 18)*

\_\_\_\_\_  
*Date*

*I declare under the penalty of perjury that I am the parent/guardian of the minor participant identified above. I have authority to enter into this agreement on behalf of the minor. I agree to be bound by the terms (if participant is a minor).*

\_\_\_\_\_  
*Participant's or Parent/Guardian's Printed Name (if under 18)*

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**For Office Use Only:**