

Maricopa County Parks and Recreation
Minor Volunteer Consent Form

Volunteer Information:

Name:	
Mailing Address:	
City, State, Zip:	
Contact Telephone:	
Anticipated Start Date:	
Anticipated End Date:	

Parental/Guardian Name:	
Contact Telephone #1:	
Contact Telephone #2:	
Relationship:	

I understand during the course and scope of my volunteer duty I fully intend to perform, to the best of my abilities, all the duties, tasks and assignments listed within the job description I have been provided.

I understand that any changes to my schedule are subject to the approval, in advance, with the Park Supervisor.

I understand that during the course and scope of my volunteer services to the County, I will be covered under the Maricopa County Worker's Compensation self-insurance and that my sole remedy for any injury that I may sustain shall be through the County's Worker's Compensation self-insurance coverage. I waive any other right or remedy that I may have available to me for the injuries described above.

I acknowledge and agree that my services are provided for the convenience of the County and may be terminated for any reason with or without notice.

Volunteer Name

Parent/Guardian Name

Volunteer Signature

Parent/Guardian Signature

Date

Date