



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