



PROVO SHOOTING SPORTS PARK VOLUNTEER APPLICATION

CONTACT INFORMATION (PLEASE TYPE OR PRINT LEGIBLY)

Name Last _____ First _____ Middle _____

Date of Birth _____ Street Address _____

City _____ State _____ Zip Code _____

Home _____ Cell: _____ Work _____

E-Mail Address _____

AVAILABILITY	TIME(S) AVAILABLE	COMMENTS
<input type="checkbox"/> Monday	____ AM/PM ____ AM/PM	_____
<input type="checkbox"/> Tuesday	____ AM/PM ____ AM/PM	_____
<input type="checkbox"/> Wednesday	____ AM/PM ____ AM/PM	_____
<input type="checkbox"/> Thursday	____ AM/PM ____ AM/PM	_____
<input type="checkbox"/> Friday	____ AM/PM ____ AM/PM	_____
<input type="checkbox"/> Saturday	____ AM/PM ____ AM/PM	_____
<input type="checkbox"/> Sunday	____ AM/PM ____ AM/PM	_____

SPECIAL SKILLS, CERTIFICATIONS, AND BACKGROUND

Summarize special skills, certifications, and background you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports to this type of volunteer service.

Can you perform the required duties of a volunteer at the range without any cause for concern? Yes or No

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) _____

Signature _____ Date _____

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

PROVO CITY SHOOTING RANGE VOLUNTEER AGREEMENT & RELEASE

This Agreement & Release (the "Release") is executed on this _____ day of _____, 20____, by _____

(the "Participant") in favor of Provo City, a municipal corporation of the State of Utah, its directors, officers, employees, volunteers and agents (collectively, "Provo City").

I, the Participant, desire to provide volunteer services as either a Range Safety Officer or Assistant Range Safety Officer at the Provo City Shooting Range.

While I am a volunteer with Provo City my Supervisor will be: _____.

I have thoroughly read and hereby freely and voluntarily, without duress, execute the following Agreement & Release under the following terms:

- 1. Terms of Service.** I understand that as an unpaid volunteer my services, while appreciated and potentially beneficial to Provo City, are limited to those listed above (unless later amended by my supervisor) and may be terminated either by the City or by myself at any time, for any legal reason without advanced notice. I further agree that while performing volunteer services for the City I will carefully follow the instructions of my supervisor and adhere to all Provo City Shooting Range rules and policies and will not hold myself out to any third party as a representative of Provo City for any purpose not specifically authorized by my supervisor.
- 2. Consideration.** I understand that my performance of volunteer services for the Provo City Shooting Range in no way obligates the City to provide me with future paid employment or to provide compensation in any form, whether monetary or otherwise, for any services performed while in a volunteer status.
- 3. Range Keys and Range Access.** I understand that the City may, but is not required to, provide me access to a range key and allow me free personal, private use of the range while I am not on duty and while the range is not otherwise occupied. I agree to be bound by all Range scheduling and use policies when using the range for my personal use.
 - a. I agree to schedule all personal use of the range with the Parks & Rec. Department in advance so as not to interfere with others who have reserved range time.
 - b. I agree not to make copies or allow others to make copies of my range key or to loan my key to anyone who is not specifically authorized in writing by my supervisor to use or possess it.
 - c. I agree not to use my key to access the range for any commercial purpose, including teaching or participating in concealed weapons classes or firearms instruction classes.
 - d. I understand that breach of any of the conditions in this section is grounds for immediate termination. I also understand that making copies of range keys or allowing unauthorized entry onto the range may be considered criminal offenses and subject me to prosecution.
- 4. Assumption of Risk.** I understand that working at a shooting range is an inherently dangerous activity. By volunteering my time and services at the Provo City Shooting Range I acknowledge that I have undergone or will undergo proper certification and safety training at my own expense prior to performing these duties and that I am familiar with all safety procedures relevant to the operation, management and maintenance of a shooting range. I understand that my time with Provo City may include activities that are potentially hazardous to me. I hereby expressly and specifically assume the risk of injury or harm in these activities and release Provo City from all liability for injury, illness, death, or property damage resulting from activities performed while volunteering with Provo City.

- 5. Waiver and Release.** I release and forever discharge and hold harmless Provo City from any claim or liability that I, the Participant, may have against Provo City with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in these volunteer services. I also understand that Provo City does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).
- 6. Insurance.** Provo City does not carry or maintain, and expressly disclaims responsibility for providing, any health, medical or disability insurance coverage for the Participant. **EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO REGISTERING AS A PROVO CITY VOLUNTEER.**
- 7. Medical Treatment.** I hereby release and forever discharge Provo City from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me in connection with my time with Provo City.
- 8. Other.** It is my desire to perform services as a Volunteer. I acknowledge that I am not acting as an employee of Provo City. I have read this Agreement & Release, and understand the terms used in it. I also acknowledge that by signing this document, I may be relinquishing legal rights which I, or others claiming through me, may have now or in the future. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Participant Name (please print) _____

Signature _____ Date _____

Witness Name (please print) _____

Signature _____ Date _____

AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK FOR VOLUNTEERS

WAIVER.

By signing this form, I authorize the Utah Bureau of Criminal Identification (BCI) and the Provo City Corporation, 351 West Center Street, Provo, Utah, to access and review state and federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for a crime that bears upon my fitness to be employed or volunteer for a position of trust over children, vulnerable adults or persons with disabilities and convey that determination to the qualified entity.

I do hereby release Utah BCI, the Provo City Corporation, all persons, organizations, or government agencies, for any damages of, or resulting from furnishing such information.

I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

Prospective Volunteer _____ **Date** _____

PERSONAL INFORMATION:

Last Name _____ First _____ Middle _____

Formerly used Last Names _____

DOB _____ Driver's License # / State _____

Concealed Firearms Permit # _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ work _____

Position Volunteering For: **VOLUNTEER RANGE SAFETY OFFICER**

Concealed Firearms Permit/and Driver's License # verified by _____

Date _____