



VOLUNTEER REGISTRATION

As a volunteer, some of the activities you perform may expose you to risks such as poison ivy, insect or other bites, injuries, or falls. It is your responsibility to know your own limitations and to only engage in activities suited to your abilities and physical conditions. Volunteers shall only engage in authorized activities. By signing below, you acknowledge the contagious nature of COVID-19 and that Westchester Parks Foundation cannot guarantee that you will not become infected with Covid-19. You understand that the risk of becoming exposed to and/or infected by COVID-19 may result from the actions, omissions, or negligence of yourself and others, including, but not limited to, staff and other volunteers. By signing this form, you give consent to authorize the use of any photos taken during the event for promotional purposes. You can opt out at any time by contacting info@thewpf.org. You will be added to our email list and be given the opportunity to unsubscribe if you wish.

Safety Checklist:

- ☐ Yield right of way to park users.
- ☐ No motor vehicles shall be driven outside designated areas unless required for medical emergency.
- ☐ Do not pick up anything that could be hazardous to your health or safety. This includes needles, jagged glass, animal carcasses or heavy objects.
- ☐ Wear appropriate gloves and long pants. Learn to recognize and avoid poison ivy or other irritants.
- ☐ Leather shoes or boots are recommended.
- ☐ Volunteers may not operate power equipment.
- ☐ Wear safety glasses when using sheers, clippers or loppers.
- ☐ Keep a safe distance between volunteers to avoid being whipped by branches or injury from tools.
- ☐ Minors (ages 12-17) must have a guardian present.
- ☐ Do not engage in any activity that will compromise your safety or the safety of others.
- ☐ Avoid overexertion and dehydration. Drink plenty of fluids.
- ☐ Stay off the bridge structures and seawalls. Do not lean over railings, water embankments, or barriers and railings. Do not enter the water.
- ☐ No horseplay.

As a condition of participation in the Volunteer Program, each volunteer must read the above Safety Checklist and complete and sign the following:

By my signature below, I certify that I have read and understand the above Safety Checklist and will participate in accordance with the terms and conditions of the Volunteer Program.

Name (please print) _____ Phone No. (_____) _____ - _____

Address _____ City, State, Zip _____ Date of Birth _____

Signature _____ Date _____

E-mail Address _____

Signature of Parent or guardian, if participant is a minor (ages 12-17):

Name (please print) _____ Relationship _____

Signature _____ Date _____

Return this completed form to Volunteer@thewpf.org