



Volunteer Position: **Mermaids Grotto Mer-Friend**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

House Mailing Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Email (please print): \_\_\_\_\_

Grade this coming Fall: \_\_\_\_\_

Own costume Tail?  Yes  No Good Swimmer?  Yes  Not so much

Favorite Water Creature & why: \_\_\_\_\_

Your Best Friendship skills: \_\_\_\_\_

(making introductions, cheering up others, sharing, playing games, taking turns, etc) \_\_\_\_\_

Human Work Experience if any: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Have you ever been convicted of a crime? (taking salvage from shipwrecks does not count)  YES  NO

If YES, please explain: \_\_\_\_\_

**INSURANCE INFORMATION:** Please read the following information carefully. As a volunteer, you are not covered by the District's Worker Compensation program. You are therefore, urged to have your own health insurance in the event you are injured while performing your volunteer duties. You are covered by the District's General Liability Insurance, which will protect you in the event of property damage or accidental injury to the public as a result of your performance of volunteer duties assigned by the Bainbridge Island metropolitan Park & Recreation District.

In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone where they can be reached during camp: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Applicant

Adult

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*(Must be signed by parent or guardian if under age 18)*

Please return in person to the BIMPRD park office, Strawberry Hill Park (mail slot in door if closed)  
OR by snail mail to BIMPRD Attn: Shannon, Glittering Grotto, 7666 NE High School Rd. Bainbridge Island WA 98110