



Roger Williams Park Botanical Center Volunteer Application Form

Date of Application: _____

Name: _____

Address: _____

Email Address: _____ Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Are you currently a member: _____

How did you hear about RWPBC?

Most recent educational/work background (May attach resume):

Previous volunteer experience: _____

Please circle available days: **M T W TR F SA SU**

Times available, please be specific as possible: _____

I am interested in the following (if more than one is checked, please rate with numbers in order of preference).

☐ Adult Programming (assisting with lectures, courses, tours)

☐ Children's Programming (summer day camps, special events, office support)

Education: ☐ Tour guide/docent ☐ children's school groups

Gardening: ☐ maintenance ☐ perennial/annual ☐ vegetable ☐ propagation ☐ planting ☐ trees

Special Events: ☐ planning ☐ working ☐ decoration ☐ administration ☐ office ☐ greeting

☐ Administration

☐ Other: please describe



Roger Williams Park Botanical Center Volunteer Agreement

For value received, and upon signing and submitting this Volunteer Acknowledgment and Waiver, I confirm that I wish to participate in the Roger Williams Park Botanical Center (RWPBC) Volunteer Program as a volunteer and contribute to the mission of the RWPBC to establish a multi-purpose space for experiencing our plant collection, evoking memories, and inspiring a connection and better understanding of the natural world. I confirm and acknowledge that my services are voluntarily offered and are rendered as a RWPBC non-compensated volunteer to assist with the general activities and programs associated with the RWPBC. I agree to abide by the RWPBC policies and procedures, as well as all state, federal, and local laws. I also understand that since my services to the RWPBC are voluntary, either the RWPBC or I may terminate them at any time, with or without cause. I understand that the term of this agreement is applicable during a one year period.

Risk Acknowledgement: ___ I understand that my volunteer participation and any travel associated with it, could involve risk of bodily injury, property damage, or death and I accept and fully understand these risks. I acknowledge that it is the responsibility of each volunteer to participate only in those activities of which he/she is physically capable, and understand that I may decline to do any activity at any time, including travel.

Insurance: ___ I understand that my services and participation are rendered as a volunteer in a non-employee capacity, therefore employee benefits, such as health insurance cannot be offered and workers compensation is not applicable. I acknowledge that any accident insurance coverage that the RWPBC may carry applicable to volunteers would be secondary and excess to all other applicable insurance policies, including, but not limited to any health care and auto insurance coverage I may have. I acknowledge that I am responsible for obtaining and sustaining my own health and auto insurance coverage.

Emergency Medical Treatment: ___ Should I become injured or ill during my volunteer activities, I hereby grant the RWPBC full authority to obtain emergency medical services for me at their discretion, or if I am unable to; and I accept responsibility for any related costs thereof, and release the RWPBC and their related staff, representatives or host organizations from liability for such decisions.

Liability Waiver and Indemnification: ___ Furthermore, in consideration of the opportunity afforded me, with full knowledge and appreciation of the risks involved, I hereby agree to indemnify, release and hold harmless; RWPBC, Roger Williams Park, the Providence Park System or the City of Providence, their employees, representatives, agents and host organizations from all form and manner of risks inherent or relating to such activities and I waive all claims and demands of any nature arising from my volunteer participation and related travel. I agree and understand that this liability waiver and indemnification will extend beyond the dates of this agreement.

I hereby acknowledge that I have had the opportunity to review this form and have it reviewed by legal counsel if necessary. I understand the foregoing and hereby agree to be bound by the same.

Printed Volunteer Name: _____

Signature of Volunteer: _____ **Date:** _____



CITY OF PROVIDENCE

Jorge O. Elorza, Mayor

CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM

PLEASE PRINT

First NameLast Name

Position and Department

AddressCity/State/Zip.

TelephoneSocial Security #

Date of Birth.....Driver's License #.....

I understand that as part of my application, the employer may conduct a background check. In the event a B.C.I. report is reviewed, no information prohibited by statute will be considered by this employer.

I agree to the same.

Your Signature _____ Date _____

NOREC	DLC
YESRECNOWK	CDL
YESRECAPPT	CDLPREMLTST
HR REP	CDLTRN
DEPTNTFD	BBPTRN
ORN	BBPVCN
DOH	

HUMAN RESOURCES

Providence City Hall | 25 Dorrance Street, Room 401, Providence, Rhode Island 02903
401 421 7740 ph | 401 273 9510 fax
www.providenceri.com



Registration/Waiver of Liability/Media Release Form

Event Title			
Date of Event			
Cooperating Agencies			
Volunteer Hours	Start Time:	End Time:	Total Hours:

Waiver of Liability: In consideration of the opportunity afforded to me to assist on a voluntary basis, and in light of the aims and purposes of the community service provided by Providence Parks in organizing this project, I hereby waive any right or cause of action arising as a result of my participation in said project from which any liability may or could accrue against Providence Parks (and any cooperating agencies listed above) or its officers and directors collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me, or damage to my property sustained in connection with my activities for this project. I am participating as an individual and not as an employee.

Media Release: I also give unrestricted permission to Providence Parks and/or any person authorized by it to use my name and/or pictures/photographs, recordings, interviews, videotapes, motion pictures or similar visual or auditory recording of me created in connection with the project.

REGISTRATION INFORMATION MUST BE FILLED OUT COMPLETELY

Name (Please Print)	
Phone/Email	
Organization (If Applicable)	
Address, City, State, Zip	
Emergency Contact	Name/Phone
Date of Birth	
Signature	Date

AGE I am 18 years of age or older or I am under 18 years of age, my age is _____.

*** Anyone under 18 years old must be accompanied an approved responsible adult and or parent/legal guardian and have permission to participate.**

Signature of responsible adult _____ **Date** _____

Providence Parks (or designee) Witness _____ Date _____