



# GROUP/FAMILY VOLUNTEER HOLD HARMLESS FORM

Thank you for volunteering with the Johnson County Park & Recreation District. Your efforts and the efforts of other volunteers make it possible for us to expand our service capacity & enhance our community's park & recreational resources. To further assist us, please provide us with the following information.

**PLEASE PRINT & COMPLETE ALL FIELDS:**

Name of Volunteer Group or Family: \_\_\_\_\_

Name of Group Leader or Family Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**NOTE: ALL MEMBERS OF THE VOLUNTEER GROUP/FAMILY MUST READ AND COMPLETE INFORMATION ON THE REVERSE SIDE**

<b>FOR JCPRD USE ONLY</b>		
Project Date: _____	Project Location: _____	
Project Description: _____		
_____		
_____		
_____		
Volunteer Supervisor: _____		
Department volunteering for: _____		
# of Project Hours: _____	# of Group Volunteers: _____	Total # of Group Volunteer Hours: _____
Notes: _____		
_____		
_____		

