

# Volunteer Trail Monitor Application & Information Sheet

Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

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

Date of birth: \_\_\_\_\_ Email: \_\_\_\_\_

All information will be used for the Volunteer Trail Monitor group only. All information is confidential.

## EDUCATION

Highest level of education:   \_\_\_ Elementary   \_\_\_ High School   \_\_\_ College  
  \_\_\_ Graduate School   Degree(s) received: \_\_\_\_\_

Major courses: \_\_\_\_\_  
\_\_\_\_\_

Vocational or special training \_\_\_\_\_  
\_\_\_\_\_

## PREVIOUS EXPERIENCE/SKILLS

Work experience: \_\_\_\_\_  
\_\_\_\_\_

Certifications: \_\_\_\_\_  
\_\_\_\_\_

Volunteer experience: \_\_\_\_\_  
\_\_\_\_\_

Special skills, interests or hobbies: \_\_\_\_\_  
\_\_\_\_\_

**BACKGROUND CHECK**

Have you ever been convicted of any felonies?      YES    NO

If yes, please explain: \_\_\_\_\_

**Background Checks**

In accordance to Ohio Senate Bill 187, the Miami County Park District is required to inform you that the District may conduct background check while volunteering with the Park District. Bill 187 is in regard to volunteers who may have “unsupervised access to a child” and is an effort to provide a safe atmosphere for children to be in. The fingerprints are sent to the Ohio Bureau of Investigation and Identification, and then forwarded to the Federal Bureau of Investigation. By signing you agree to authorize the Miami County Park District to conduct a background screening at any time during your volunteering.

I hereby agree to allow the Miami County Park District to conduct background checks.

**Volunteer Signature**

I certify that the statements contained in this application are true to the best of my knowledge. I understand that any falsification or failure to answer any question contained in this application is cause for dismissal from volunteering with the Miami County Bike Trails Task Force. All information on this application is subject to verification.

I agree to abide by the rules and regulations of the Miami County Park District, the Miami County Bike Trails Task Force, and the Miami River Recreational Trail.

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**REFERENCES**

Please list the names and phone numbers of two personal references:

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Volunteer Trail Monitor group?

\_\_\_\_\_

**Send application to:**  
**Miami County Park District**  
**2645 E. St. Rt. 41**  
**Troy, Ohio 45373**  
**937-335-6273 – central office**  
**937-667-1286 – education office**

<b>OFFICE USE ONLY:</b>	
A. S.: _____	A. R.: _____
I. S.: _____	I. C.: _____
D.: _____	