

**APPLICATION FOR VOLUNTEER WORK
GOLF MARSHALING PROGRAM**

Lincoln Parks & Recreation Department

2740 A Street, Lincoln, NE 68502 | Phone: 402-441-7847 or fax: 402-441-8706



Instructions: Print or Type Responses		Mark with "X" where appropriate	
Name: <i>(first, middle initial, last)</i>		Phones: Day: _____ Evening: _____ E-mail: _____	
Date of Birth: _____			
Street Address: <i>(include apartment number)</i>		City:	State:
		Zip:	
Do you have prior experience serving as a golf course marshal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe your experience: _____ _____ _____			
Individual's Availability: Hours desired per Day___ Week___ Month___ Weekdays: Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekends: Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>			
Reference: Please list one reference (not a relative) who is able to supply information about you. Name: _____ Address: _____ Phone: _____			
Have you ever been convicted for a violation of law other than a minor traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please explain)</i>			

Please read and sign: I have read the above application and completed it to the best of my knowledge. If I am chosen for the position of voluntary Golf Marshal, I hereby take on the responsibility of adhering to my work schedule and understand that any unauthorized absence will result in my being replaced. I further understand that any false or misleading statements will be cause for rejection of this application or for dismissal after appointment. I authorize and request any reference to answer any and all questions that may be asked, and herewith to hold such persons harmless for giving all information within their knowledge or record.

My signature indicates that I also have read and understand the Waiver and Release of All Claims on the back of this form.

Signature of Applicant: _____ **Date:** _____

I agree to allow my information to be shared with the Lincoln Parks Foundation YES NO

**WAIVER AND RELEASE OF ALL CLAIMS FOR CITY OF LINCOLN MUNICIPAL GOLF PROGRAM
VOLUNTEER GOLF COURSE MARSHALS**

Please read the following information carefully and be aware that in volunteering you will be waiving and releasing all claims for injuries you might sustain arising out of volunteering as a golf course marshal for the City of Lincoln municipal golf program.

As a volunteer golf course marshal I agree to conduct all activities in a lawful manner and provide services in a professional manner and in accordance with the terms of the Lincoln City Golf Marshalling Program Guidelines, City of Lincoln Parks and Recreation Department rules and regulations, and Lincoln Municipal Code.

I recognize that I may receive a nominal benefit for their service as a volunteer marshal. I also recognize that I will serve as a volunteer, despite any nominal benefit, and it is expressly understood that I am not an employee and not entitled to any City benefits including, but not limited to, overtime, retirement benefits, workers' compensation, sick leave, or injury leave.

I recognize and acknowledge that there are certain risks of damage to property or physical injuries, including death, which may occur as a result of participating as a volunteer marshal. I agree to assume all such risks without limitation, and waive any and all claims of whatsoever kind or nature and indemnify and hold harmless and defend against the City of Lincoln and the Parks and Recreation Department, its officers, agents, employees, volunteers and program affiliates arising from the activities, including death, injury, damage, or loss that may occur. I have read and understand the above Waiver and Release of all claims and have the legal capacity to sign this Agreement.