

**CITY OF WARREN
EMPLOYMENT AGREEMENT – PARKS AND RECREATION**

Name (Last, First)	Phone number
Address	Driver's License Number
Are you 18 years or older <input type="checkbox"/> YES <input type="checkbox"/> NO	Emergency Contact (Name, Phone number)

I agree to abide by all the rules and regulations set forth by the Parks and Recreation Department as they relate to the position I am employed for and agree to return all equipment at the conclusion of the program. I herewith release and hold harmless the City of Warren from any and all claims by myself or my family or assignees which may arise from performance of duties. I understand that the City of Warren will indemnify me from any and all claims arising from the performance of the duties I am employed for as long as I am following all the rules, regulations and policies of the department and the City. I authorize the City of Warren to investigate my background as is determined necessary for the particular activity I am employed for. I hereby certify that the foregoing statements are true to the best of my knowledge.

Signature (Parent or guardian if under 18)

Date