

VOLUNTEER ENROLLMENT FORM

Please complete and return this form to:

Diane Whitlock, Assistant Volunteer Coordinator, Parks and Recreation Department – City of Greensboro
1001 4th Street, Greensboro, NC 27405
Diane.Whitlock@greensboro-nc.gov or Fax: 336-373-4133



Non-Discrimination Policy—The City of Greensboro does not discriminate on the basis of race, color, national origin, biological sex, religion, age, or handicap in volunteer opportunity or the provision of services, programs or activities.

SECTION A PERSONAL INFORMATION

NAME

FIRST MIDDLE LAST NAME I PREFER TO BE CALLED

ADDRESS

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE

CONTACT

TELEPHONE: MOBILE TELEPHONE: HOME EMAIL Yes, I would like to be added to your email list

EMERGENCY

CONTACT

FIRST & LAST NAME RELATIONSHIP PHONE NUMBER

ARE YOU A CURRENT CITY OF GREENSBORO EMPLOYEE? YES NO _____
IF YES, PLEASE PROVIDE YOUR LAWSON NUMBER

SECTION B VOLUNTEER INTERESTS

VOLUNTEER POSITION APPLYING FOR

PREFERRED LOCATION/FACILITY/TEAM

I AM MOST INTERESTED IN...

- | | | |
|--|--|---|
| <input type="checkbox"/> Ongoing volunteer work—a regular commitment of 1 month or more | <input type="checkbox"/> Projects where I can work with a group | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Short term project or task that I can accomplish in a single day or week. | <input type="checkbox"/> Scout Projects | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su |
| | <input type="checkbox"/> Projects I can complete at home or remotely | <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings |

AREAS OF INTEREST

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Children | <input type="checkbox"/> Aquatics | <input type="checkbox"/> Drama & Theatre | <input type="checkbox"/> Neighborhood Parks & Playgrounds |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Cemeteries | <input type="checkbox"/> Gardening & Landscaping | <input type="checkbox"/> Office Administration / Receptionist |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Coaching | <input type="checkbox"/> Edible Gardens | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Families | <input type="checkbox"/> Baseball / Bitty Ball | <input type="checkbox"/> Public Gardens | <input type="checkbox"/> Recreation Centers |
| <input type="checkbox"/> Individuals with Disabilities | <input type="checkbox"/> Basketball | <input type="checkbox"/> Environmental Education | <input type="checkbox"/> Regional Parks |
| <input type="checkbox"/> Senior Citizens | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Lakes & Outdoor Adventure | <input type="checkbox"/> Special Events |
| | <input type="checkbox"/> Football | <input type="checkbox"/> Litter Clean-Up | <input type="checkbox"/> Trails & Greenway |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> Marketing & Public Relations | <input type="checkbox"/> Visual Arts |
| | <input type="checkbox"/> Dance | <input type="checkbox"/> Music | <input type="checkbox"/> Other: _____ |

WILL THIS FULFILL A SCHOOL REQUIREMENT OR WILL YOU RECEIVE SCHOOL CREDIT FOR YOUR SERVICE? Yes No

IF YES... Is this a Service-Learning Experience? Yes No

NAME OF SCHOOL NUMBER OF HOURS NEEDED DEADLINE

DO YOU NEED HOURS TO SATISFY COURT-RELATED COMMUNITY SERVICE OR JUDGEMENT DUE TO A CRIMINAL OFFENSE? Yes No

IF YES...

DESCRIPTION OF CHARGE(S) / CONVICTION(S) NUMBER OF HOURS NEEDED DEADLINE

REFERRING AGENCY CASE WORKER'S NAME & PHONE NUMBER

VOLUNTEER ENROLLMENT FORM *cont'd*

SECTION C BACKGROUND INVESTIGATION

If you are 18 years of age or older and want to serve in any volunteer capacity, you must undergo an annual background check (with the exception of serving on a board, commission, or at a special event). For this purpose, a special event volunteer is defined as a volunteer who is assisting with an event or project lasting less than one week. A copy of Greensboro Parks & Recreation's volunteer background screening guidelines can be found online at: bit.ly/screeningprocess

Are you 18+ years of age? Yes No (If no, skip to Section D)

Social Security Request and Statement of Purpose:

To comply with Confidential Records Law, your Social Security Number is requested because you are being considered for volunteer placement with the City of Greensboro Parks & Recreation Department. The Social Security number is required to process a criminal background investigation.

SEX Male Female DATE OF BIRTH _____ / _____ / _____ SOCIAL SECURITY NUMBER _____ - _____ - _____
MONTH DAY YEAR

ADDRESS HISTORY*

Please list two previous residential addresses other than your current address

PREVIOUS STREET ADDRESS	CITY	STATE	HOW LONG?
PREVIOUS STREET ADDRESS	CITY	STATE	HOW LONG?

Authorization for Background Check (Over 18 Years of Age):

I hereby certify, by my original signature below, that the information I have provided is accurate and true to the best of my knowledge and I authorize the City of Greensboro to conduct a Criminal, Department of Corrections, and Sex Offender Registry check on my background while I am employed or volunteering with the Parks & Recreation Department. I understand that providing false statements or falsification of information will result in the termination of my volunteer opportunity. I understand that the City will routinely perform background checks during the period of serving as a volunteer. Information found and not previously disclosed by me, or information made available which was previously not disclosed, will be used by the City as part of the determination of my eligibility to continue in my capacity with the City. I have read and understand these requirements.

APPLICANT'S SIGNATURE DATE

SECTION D APPLICANT AGREEMENT

 I certify that the statements made in this volunteer application are true, correct, and given voluntarily. In addition, I understand that this information may be disclosed to any party with legal and proper interest.

 I understand that the Greensboro Parks and Recreation Department reserves the right to screen volunteers, and the Department will not accept as a volunteer anyone who would jeopardize any aspect of service or the safety of Parks and Recreation customers and staff.

 I understand that if I am unable to arrive for a scheduled time for any reason, I am to notify my volunteer contact as soon as possible.

 I understand that if I miss my scheduled date and time of service without prior notification, my volunteer opportunity may be terminated by the affected park site / program volunteer contact.

 I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the department/division to which I am assigned.

Whereas, I _____ have voluntarily offered to participate in the activities associated therewith, including but not limited to volunteering with the Greensboro Parks & Recreation Department; **Whereas,** I am participating in the aforementioned activities solely on my own initiative, risk & responsibility; **Now therefore,** in consideration of the permissions extended to me to participate in the aforesaid activities, I do hereby for myself, my heirs, assigns, executors, & administrators voluntarily release, waive & forever discharge the Parks and Recreation Department, its officers, agents, employees; the Greensboro Parks & Recreation Department, the City of Greensboro & the Parks and Recreation Department's Commissioners from any & all claims or causes of action, personal injury or property damage which result from or arise out of my participation in the aforesaid activities.

PARTICIPANT'S SIGNATURE DATE

PARENT/LEGAL GUARDIAN'S SIGNATURE (IF UNDER 18) DATE