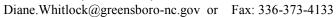
VOLUNTEER ENROLLMENT FORM

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





Non-Discrimination Policy—The City of Greensboro Parks and Recreation Department does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability in volunteer opportunity or the provision of services, programs, or activities.

SECTION A PERS	SONAL INFORMATION					
NAME						
	FIRST	MIDDLE LAST	NAME I PREFER TO BE CALLED			
ADDRESS						
	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP COL			
TELEPHONE						
FAAAII	TELEPHONE: MOBILE TELEPHONE: HOME					
EMAIL	□ V I					
EMERGENCY	☐ Yes, I would like to be added to yo	ur emaii iist				
CONTACT	FIRST & LAST NAME	RELATIONSHIP	PHONE NUMBER			
ADE VOILA CIII		□ VEC				
ARE YOU A CU	RRENT CITY OF GREENSBORO E	:MPLUTEE: 🗖 🚃 ———	EASE PROVIDE YOUR LAWSON EMPLOYEE NUMBER			
SECTION D V	I					
SECTION B VOL	UNTEER INTERESTS					
VOLUNTEER PO	OSITION APPLYING FOR					
PREFERRED LO	CATION/FACILITY/TEAM					
I AM MOST INT						
	lunteer work—a regular	Projects where I can work	Other:			
	t of 1 month or more	with a group	Other: M			
	☐ Short term project or task that I can accomplish in a single day or week. ☐ Scout Projects ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Projects I can complete at					
F		home or remotely				
AREAS OF INTI	EREST					
☐ Children	☐ Aquatics	☐ Drama & Theatre	☐ Neighborhood Parks & Playgrounds			
☐ Teens ☐ Adults	☐ Cemeteries ☐ Coaching	☐ Gardening & Landscaping ☐ Edible Gardens	☐ Office Administration / Receptionist☐ Photography			
☐ Families	☐ Baseball / Bitty Bal		☐ Recreation Centers			
☐ Individuals v	-	☐ Environmental Education	☐ Regional Parks			
Disabilities	☐ Cheerleading	☐ Lakes & Outdoor Adventure	☐ Special Events			
☐ Senior Citize	ens	☐ Litter Clean-Up	☐ Trails & Greenway			
	□	_ ☐ Marketing & Public Relation	s 🔲 Visual Arts			
	□ Dance	☐ Music	☐ Other:			
WILL THIS SILL	FILL A CCHOOL DECLUDEMENT	OD WILL VOLLDECEIVE COLOOL (DEDIT FOR VOUR CERVICE?			
		OR WILL TOO RECEIVE SCHOOL (CREDIT FOR YOUR SERVICE? ☐ Yes ☐ N			
IF YES	Is this a Service-Learning Exp	perience? Yes No				
NAME OF SCHOOL			BER OF HOURS NEEDED DEADLIN			
DO YOU NEED CRIMINAL OFF		LATED COMMUNITY SERVICE OR	JUDGEMENT DUE TO A \Box Yes \Box N			
IF YES						
IF 1E3	DESCRIPTION OF CHARGE(S) / CONV	ICTION(S) NI IM	BER OF HOURS NEEDED DEADLIN			
		110111	DEADER			

VOLUNTEER ENROLLMENT FORM cont'd



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: hit ly/screening process

	who is assisting with an event or pro background screening guidelines can b			
Are you 18+ years of a	ge? 🗆 Yes 🗆 No (If no, skip to Sect	ion D)		
To comply with Confid	t and Statement of Purpose: Idential Records Law, your Social Secth the City of Greensboro Parks & Reground investigation.	curity Number is requested becausecreation Department. The Soc	ause you are being considered for ial Security number is required to	
SEX □ Male □ Fema		SOCIAL SECURITY NUMB	BER	
	MONTH DAY	EAK		
ADDRESS HISTORY*		aver t	OTT - TO A VIOLENT ON TO A	
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?	
understand that the Cit found and not previous	atements or falsification of informaticy will routinely perform background ly disclosed by me, or information material etermination of my eligibility to continuous continuous etermination of my eligibility to continuous etermination of my eligibility etermination	checks during the period of seade available which was previou	erving as a volunteer. Information asly not disclosed, will be used by	
	APPLICANT'S SIGNATURE		DATE	
understand th	he statements made in this volunteer a at this information may be disclosed to	any party with legal and proper	r interest.	
I understand to Department value and Recreation	hat the Greensboro Parks and Recreat ill not accept as a volunteer anyone was customers and staff.	ion Department reserves the righthough would jeopardize any aspect	nt to screen volunteers, and the of service or the safety of Parks	
soon as possi		,	, , , , , , , , , , , , , , , , , , ,	
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 to division to wi	hat I will not be paid for my services a nich I am assigned.	as a volunteer, and I am giving n	ny time freely to the department/	
the aforementioned acti permissions extended to administrators voluntar employees; the Greensl	d to volunteering with the Greensboro vities solely on my own initiative, risk o me to participate in the aforesaid act ily release, waive & forever discharge poro Parks & Recreation Department, ny & all claims or causes of action, per	& responsibility; Now therefo ivities, I do hereby for myself, n the Parks and Recreation Depar the City of Greensboro & the Pa	t; Whereas, I am participating in ore, in consideration of the my heirs, assigns, executors, & tment, its officers, agents, orks and Recreation Department's	
	PARTICIPANT'S SIGNATURE		DATE	
DADENITA FO	AL GUARDIAN'S SIGNATURE (IF UNDER 18)		DATE	