

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 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 PERSONAL INFORMATION

NAME

FIRST MIDDLE LAST NAME I PREFER TO BE CALLED

ADDRESS

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

TELEPHONE

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 EMPLOYEE NUMBER

SECTION B VOLUNTEER INTERESTS

VOLUNTEER POSITION APPLYING FOR

PREFERRED LOCATION/FACILITY/TEAM

I AM MOST INTERESTED IN...

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

AREAS OF INTEREST

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

VOLUNTEER ENROLLMENT FORM *cont'd*

SECTION **E** COACHES CODE OF ETHICS & INFORMATION

I hereby pledge to live up to my certification as an NYSCA member coach by following the NYSCA Coaches' Code of Ethics

- _____ I will place the emotional and physical well-being of my players ahead of a personal desire to win.
- _____ I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- _____ I will do my best to provide a safe playing situation for my players
- _____ I promise to review and practice the basic first aid principles needed to treat injuries of my players.
- _____ I will do my best to organize practices that are fun and challenging for all my players.
- _____ I will lead by example, in demonstrating fair play and sportsmanship to all my players.
- _____ I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
- _____ I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- _____ I will use those coaching techniques appropriate for each of the skills that I teach.
- _____ I will remember that I am a youth sports coach, and that the game is for children and not adults.
- _____ I hereby pledge to adhere to the NYSCA Coaches Code of Ethics and fully understand if I do not uphold them
- _____ I will be held accountable for my behavior, leading up to revocation of my membership, as outlined in the Accountability and Enforcement Policies enforced by the local chapter of the National Alliance for Youth Sports.

PARTICIPANT'S SIGNATURE

DATE

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

DATE

I AM INTERESTED IN ATTENDING A CLINIC TO LEARN HOW TO BE A BETTER COACH: Yes No

THE BEST TIME FOR ME TO ATTEND THIS CLINIC WOULD BE: Weekday Evening Weekend Afternoon