

Volunteer Application Form

Name of activity or location you wish to volunteer: _____

Availability: Mornings: _____ Afternoons: _____ Evenings: _____ / M__T__W__TH__F__S__Sun__

Name: _____
First Middle Last Preferred

Phone: _____ Email: _____

Current Address: _____
Street Address City State Zip

Previous address if less than 5 years at current address

Address: _____
Street Address City State Zip

Emergency Contact: _____ Phone: _____

Do you have a driver's license? Yes _____ No _____

License #: _____ Class: _____ Issuing State: _____ Expiration Date: _____

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been convicted of a misdemeanor? Yes _____ No _____

If yes, please give the nature and disposition of the case: _____

Education: High School: _____ Location: _____

Years Attended: _____ Did you graduate: _____

If you did not graduate, but have a GED, please list the state and date of issuance: _____



Education Beyond High School:

	Name & Location	Years Attended From - To	Number of years attended	Degree or Certificate received if any	Major Subject
College or University					
Graduate or Professional school					
Technical or Business School					
Certifications					
Military					

Volunteer History

Have you previously served as a volunteer? Where and when? Please list below.

Current or most recent

Agency/Organization: _____

Your Title: _____ Telephone: _____

Mailing Address: _____ City, State, Zip: _____

Date Began: _____ Date Ended: _____ Number Supervised by you: _____

Duties: _____

Reason for leaving: _____

Volunteer History

Current or most recent

Agency/Organization: _____

Your Title: _____ Telephone: _____

Mailing Address: _____ City, State, Zip: _____

Date Began: _____ Date Ended: _____ Number Supervised by you: _____

Duties: _____

Reason for leaving: _____

Volunteer History

Current or most recent

Agency/Organization: _____

Your Title: _____ Telephone: _____

Mailing Address: _____ City, State, Zip: _____

Date Began: _____ Date Ended: _____ Number Supervised by you: _____

Duties: _____

Reason for leaving: _____

Work History

Agency/Organization: _____
Your Title: _____ Telephone: _____
Mailing Address: _____ City, State, Zip: _____
Date Began: _____ Date Ended: _____ Number Supervised by you: _____
Duties: _____
Reason for leaving: _____

Agency/Organization: _____
Your Title: _____ Telephone: _____
Mailing Address: _____ City, State, Zip: _____
Date Began: _____ Date Ended: _____ Number Supervised by you: _____
Duties: _____
Reason for leaving: _____

High Point Parks & Recreation
Volunteer Authorization and Consent for Release of Information
(for Volunteers over 18 years of age)

1. I understand that as a volunteer, I do not have an employment relationship with the City of High Point. I will not receive wages, salary or other compensation for my services, nor am I eligible for any City employment benefits, including but not limited to vacation, sick leave, retirement, tuition benefits, disability insurance, health insurance, or unemployment insurance. I understand there is no liability, medical, or workers compensation insurance or coverage of any kind related to my volunteer services.
2. I understand that while my volunteer services are appreciated, it does not give me any preferential treatment, priority or expectation of future employment. I understand that if I am hired for employment with the City of High Point, I will not be compensated for any volunteer services that I have provided before the effective date of my employment.
3. I agree to comply with any ethical codes or similar standards of conduct applicable to the Parks & Recreation Department. I agree to familiarize myself with any applicable department procedures and practices.
4. I understand that I am under no obligation to provide any services to the City and are free to discontinue my volunteer activities upon written notice to the City. The City may terminate any volunteer relationship at any time without cause or prior notice and at its sole discretion.
5. I understand if I am provided any city property or equipment to use in the course of my activity, I agree to immediately return such property or equipment in good condition, except for wear and tear associated with normal use.
6. I understand that I am not authorized to act in any way on behalf of the City, including providing official approval or denial of development proposals, signing contracts or other agreements, supervising employees or otherwise attempting to bind the City to any agreement.
7. This release and authorization acknowledges that the City of High Point may now, or at any time while I am volunteering, contact personal references, conduct a verification of my education and licenses/certification, employment/work history, motor vehicle records, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the volunteer assignment.
8. I authorize the City of High Point and any of its associates, to disclose orally and in writing the results of this verification process to the designated authorized representative of the City of High Point.
9. I have read and understand this release and consent, and I authorize the background verification. I authorize all persons, schools, current and former employers and other organizations and agencies to provide the City of High Point, or its associates with all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.
10. I do hereby agree to release and discharge the City of High Point, or its associates to the full extent permitted by the law from any claims, damages, losses, liabilities, costs, and expenses or any other charge or complaint filed with any Agency arising from the retrieving and reporting of information.
11. I authorize my former employer to release any information regarding my employment, any schools regarding my educational records, and any agency/organization where I have previously volunteered. I hereby release them from any damage whatsoever for issuing same.

By signing this agreement, I acknowledge that I have read this Agreement, understand the terms it contains and agree to abide by them as a condition of my volunteer service at the City.

Volunteer Applicant Name: _____ Date: _____

Volunteer Applicant Signature: _____

****CONFIDENTIAL****

**CITY OF HIGH POINT
NORTH CAROLINA**

The City of High Point requires a background check on all persons filling out a volunteer application. This form is part of the Volunteer Application but will be removed after the background check has been completed and will be filed by the City of High Point Human Resources Department.

Name: _____
Last First Middle Social Security #

Address: _____

City State Zip

Driver's License Information

License Number: _____ State: _____ Expiration Date: _____

Class: _____ A _____ B _____ C _____ CDL Commercial Driver's License

**City of High Point Parks & Recreation Department
Waiver of Liability, Indemnification Agreement,
Assumption of Risk and Release for Communicable Diseases including COVID-19**

In consideration of allowing myself to volunteer in a City of High Point Parks & Recreation Department program, I acknowledge having reviewed, understand, and agree to accept assumption of risk as follows:

1. I understand that participation in this program includes possible exposure to and illness from infectious diseases, including but not limited to MRSA, influenza and COVID-19. I understand that those infectious diseases, including COVID-19, are highly contagious and that COVID-19 has spread throughout the community. The City of High Point will do its best to adhere to public health guidelines provided by the NC Department of Health and Human Services however, participation in High Point Parks & Recreation programs may not always allow for reasonable feasibility of proper social distancing measures. I understand by participating I may be exposed to any infectious disease, including COVID-19, and;
2. I knowingly, voluntarily, and freely assume all risks associated with exposure to any infectious disease, including COVID-19. The City of High Point cannot guarantee that I will not become infected with COVID-19 and that attending any program may increase mine and/or my child(ren's) risk of contracting any disease, including COVID-19. By signing this agreement, I acknowledge the contagious nature of any infectious disease, including COVID-19 and voluntarily assume the risk that I and/or my child(ren) may be exposed to, or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death, and;
3. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability or expense of any kind, that I may experience or incur in connection with my attendance of the program, and;
4. I, on behalf of myself, my heirs, assigns, personal representatives and next of kin, hereby release, covenant not to sue, discharge, and hold harmless the City of High Point, its employees, agents, their officers, officials, other participants and representatives, of and from any claims, including all liabilities, claims, actions, damages, costs or expenses of any kind, with respect to any and all illness, disability, death or loss or damage to person or property, whether arising from the negligence of releasees or otherwise, to the fullest extent permitted by law, and;
5. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City of High Point, its employees, agents, their officers, officials, other participations and representatives, whether any infection occurs before, during or after participation in the program.
6. I hereby give permission to the City of High Point Parks & Recreation Department, its affiliates, franchises, advertising and promotional agencies, and their agents the irrevocable, unrestricted right of use, publish, display, and distribute materials that may include photographs and/or video of me for promotional purposes. These promotions may include literature, videos, website, and social media.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ALL TERMS AND THAT BY SIGNING, I HAVE GIVEN UP SUBSTANTIAL RIGHTS AND OTHERWISE PROCEED TO ENTER INTO THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Volunteer Applicant Name: _____ Date: _____

Volunteer Applicant Signature: _____

High Point Parks & Recreation Volunteer Coach's Code of Conduct

The City of High Point Parks & Recreation Department strives to provide a safe environment for its youth and spectators. With the help of the players, parents, and volunteers the department will be able to provide an excellent program to the citizens of High Point.

As a **Volunteer**, I recognize that volunteers are important role models for children, and that sports help to develop a sense of teamwork, self-worth and sportsmanship. As such, I agree to abide by the following:

- I hereby pledge to provide positive support, care, and encouragement for participants in the program in which I am volunteering by following this Volunteers' Code of Ethics Pledge.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice, or other youth sports event.
- I will place the emotional and physical wellbeing of participants ahead of a personal desire to win.
- I will insist that participants play in a safe and healthy environment.
- I will support all volunteers working with participants, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for participants that is free of drugs, tobacco, alcohol, and will refrain from their use at ALL youth sports events.
- I will remember that the game is for youth, not for adults.
- I will do my very best to make youth sports fun.
- I will ask participants to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I promise to help participants enjoy the youth sports experience by doing whatever I can, such as being a respectable fan or assist with coaching.
- I understand that I will be asked to leave the program if I am unable to conduct myself within the rules and conduct put forth by the High Point Parks & Recreation Department.

I hereby acknowledge that I have read and understand the above and agree to be held bound by the Volunteer Coach's Code of Ethics. If I fail to act as described in the Code of Conduct, I fully understand that I can be dismissed from this volunteer position, as well as my child can be dismissed as a player with the High Point Parks & Recreation Department.

Print Name

Signature

Date