



Volunteer Application

Personal Information

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Gender: _____

Age: _____

Have you ever pled guilty or been convicted of a crime? (A guilty plea or a conviction is not an automatic bar to volunteering). If so, state crime(s) and sentence(s). Omit traffic violations.

Education/Employment

Name of School: _____

Name of Employer: _____ Phone #: _____

Job Title: _____

Street Address of Employer: _____

City: _____ State: _____ Zip: _____

Name of Supervisor: _____

Would you like us to inform your school and/or employer of your volunteer services? Yes No

General Information

Special training, skills, hobbies: _____

Groups, clubs, organizational memberships: _____



Volunteer Application

Areas of volunteer interest: Park Maintenance Recreation Programs

Office Special Events

Why do you want to volunteer? Serve my community Make new friends Service Hours

Other: _____

List the day (s) and time(s) you would be available for volunteering:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Emergency Contact Information

Name of Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Waiver & Release

I understand that all recreation, athletic and volunteer programs involve some risk of accident or injury. I agree to indemnify the City of Barnwell and their affiliates and to hold the City of Barnwell and their affiliates harmless from any liability, claims, demands and judgments arising at any time when I and/or my minor child participate in any of the City of Barnwell recreation and volunteer programs or athletics. Therefore, my and/or my minor child's choice to participate in any program, activity or facility, and the use of its equipment, is at my own risk. I understand that the City of Barnwell and their affiliates do not provide insurance for participants, nor does it assume responsibility for accidents or injuries.

I also hereby grant permission to the City of Barnwell Parks & Recreation Department to use for any official purpose any photographs, video footage or any other records of program activities depicting myself or of my minor child.

I have read and fully understand and agree to the City of Barnwell's policies as stated above.

Participants (if 18 & over) or Parent/Guardian Signature

Date

Please Return Form to: City of Barnwell Parks & Recreation Department
P.O. Box 776
Barnwell, SC 29812



Volunteer Application

Release Form for Background Check

Full Name: _____

Social Security Number: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Years at this Address: _____ Previous Address: _____

City: _____ State: _____ Zip: _____

Drivers License Number: _____ Home Phone: _____

I, _____ do hereby give Barnwell Recreation Commission Inc., authority to check into my background, including a Barnwell County Sherriff's Office Criminal History Report as well as a SLED check. I also understand that the Barnwell Recreation Commission, Inc. has the right to refuse any and all persons wishing to volunteer.

I have read the above statement, and do agree to release any of the above information to the Barnwell Recreation Commission, Inc., if so needed.

Signed: _____ Date: _____