



# VOLUNTEER INTEREST

Certain positions and those working with children may require an application for a background check.

Please complete this form and fax it to us at 540-658-4877 or mail it to the address below.

Name \_\_\_\_\_  
First M.I. Last Preferred name

Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_

County \_\_\_\_\_ Are you over 18?  Yes  No

Emergency contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_  
Home Cell Work

**PREFERENCES:** (check all that apply)

**Who would you like to serve?**

- Youth
- Adult
- Senior Citizens
- General Public

**Where would you like to serve?**

- Parks
- Office Building
- Special Events
- Other \_\_\_\_\_

**What type of experience do you have?**

- |  |   |
|--|---|
| <input type="checkbox"/> Weed Eating       | <input type="checkbox"/> Event Planning             |
| <input type="checkbox"/> Leaf Blowing      | <input type="checkbox"/> Food Prep/Service          |
| <input type="checkbox"/> Grass cutting     | <input type="checkbox"/> Filing                     |
| <input type="checkbox"/> Landscaping       | <input type="checkbox"/> Reception/Telephone        |
| <input type="checkbox"/> Carpentry         | <input type="checkbox"/> Word Processing            |
| <input type="checkbox"/> Field Maintenance | <input type="checkbox"/> CPR Certification          |
| <input type="checkbox"/> Trail Maintenance | <input type="checkbox"/> First Aid Certification    |
| <input type="checkbox"/> Photography       | <input type="checkbox"/> Lifeguard/WSI              |
| <input type="checkbox"/> Music             | <input type="checkbox"/> Umpire/Referee             |
| <input type="checkbox"/> Dance/Theater     | <input type="checkbox"/> Tractor/mower use          |
| <input type="checkbox"/> Pottery/Ceramics  | <input type="checkbox"/> Interior/Exterior painting |
| <input type="checkbox"/> Handcrafts        | <input type="checkbox"/> Other _____                |
| <input type="checkbox"/> Painting/Drawing  | <input type="checkbox"/>                            |
| <input type="checkbox"/> Face Painting     | <input type="checkbox"/>                            |

**AVAILABILITY:** (Check all that apply)

- |  | AM:                      | PM:                      |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Any day         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Sunday          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Monday          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tuesday         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Wednesday       | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Thursday        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Friday          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Saturday        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Special Project | <input type="checkbox"/> | <input type="checkbox"/> |

**OTHER INFORMATION** you would like us to know to help make your volunteer experience more enjoyable and comfortable:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(over)

What would you like to do? (Check all that apply)

**Special Events**

- Face Painting
- Assist Special Needs
- Photography
- Other

**Senior Program**

- Brunch
- Arts & Crafts

**Gymnastics Division**

**Aquatics Division**

**Sports Division**

- Scorekeeper
- Sports Programs
- Player Drafts
- Check in/out equipment
- Coach

**Park Maintenance**

- Mow/cut grass
- Edge/trim/use weed eater
- Landscaping
- Remove graffiti
- Empty trash/recyclables

**Ball Fields**

- Drag Infields
- Rake Infields
- Trim/edge/weed eat
- Remove water

**Park Attendant**

- Close/open parks
- Clean shelters
- Clean restrooms
- Lock/unlock gates
- Turn on/off lights
- Sign-in teams/patrons

**Trails**

- Mark trail routes
- Clean/maintain trails

**Clerical**

- File
- Reception/Telephone
- Word Processing

**Community Recreation**

- Youth Programs
- Teen Programs
- Instructional Classes

**Rectangular Fields**

- Move goals
- Install field blankets
- Remove field blankets
- Other \_\_\_\_\_

**REFERENCES AND PHONE NUMBERS:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you now or have you ever been employed with Stafford County Government or Schools?  Yes  No

If yes, in what capacity? \_\_\_\_\_

I certify that the information provided on this application is correct to the best of my knowledge. I understand that all volunteer positions will require an interview.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if application is under 18)

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

Date received \_\_\_\_\_

Training dates \_\_\_\_\_

Volunteer notified? \_\_\_\_\_

Date submitted to division(s) \_\_\_\_\_

Ready to work \_\_\_\_\_

Volunteer scheduled? \_\_\_\_\_

Stafford County Dept. of Parks, Recreation, and Community Facilities

**VOLUNTEER STATEMENT OF ACCOUNTABILITY**

I \_\_\_\_\_, choose to participate as a member of the Parks Recreation & Community Facilities Volunteer Team. As a PRCF Team Member, I understand that my volunteer services require me to work by myself, with other volunteers, and with salaried staff members to provide assistance in the Parks, Recreation and Community Facilities Department (PRCF). As a member of the team, I am happy to comply with the following:

1. I agree to provide PRCF with the information necessary for them to complete any necessary records checks. (Background Check, DMV Driving Record, etc.)
2. I agree to provide \_\_\_\_\_ hours of service \_\_\_ weekly \_\_\_ monthly (check one) for at least one year from the date of my training, unless health or family emergencies prevent my service.
3. I understand that I cannot release confidential information that I may learn while on the job to anyone for any reason. I agree that files I may be using are not to be used for my own personal investigative motives. I further understand that failure to maintain confidentiality may result in my dismissal or in a legal suit.
4. I understand that no promise of salaried employment, special training, or monetary reward is made to any volunteer.
5. I understand that I must attend and satisfactorily complete all training courses/programs for each piece of equipment that I may operate. I further understand that failure to follow all equipment procedures, especially safety procedures, and failure to wear appropriate personal protective equipment (PPE) may result in my dismissal or in legal suit.
6. I understand that if I desire to maintain athletic fields, I will receive training and instruction on the proper techniques for preparing and maintaining fields. I further understand that failure to follow these procedures may result in my dismissal.
7. I promise to report all accidents and broken or damaged equipment immediately.
8. I understand that I will be required to wear appropriate work attire for the job I will be assigned.
9. I promise to notify my team leader, PRCF volunteer coordinator, or the Coordinator in the Citizens Assistance and Volunteer Services Office if I am unable to attend required training programs, meetings, or scheduled volunteer work shifts.
10. I agree to release, discharge, indemnify, and hold Stafford County and PRCF harmless for any and all personal injury or property damage while performing my volunteer services for PRCF in a voluntary capacity

Having read carefully all of the foregoing, I do agree to these terms and conditions this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Printed Name

OFFICE USE ONLY	Interview date _____	By _____	Assigned to _____
Attach:	<input type="checkbox"/> Orientation Checklist <input type="checkbox"/> Equipment Training Schedule & Completion Dates <input type="checkbox"/> Field Prep Training Schedule & Completion Dates		



Protection Through Information

Background Consent/Release Form

Organization: Stafford County Park, Recreation & Community Facilities

Applicant's Legal Name (printed)

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Must List Social Security Number

Phone \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 States Sex Offender Registry Checks
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer assignment with this Organization.

Print Name:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact Info: \_\_\_\_\_

For office use: Date of results: \_\_\_\_\_ Cleared \_\_\_\_\_ Ineligible \_\_\_\_\_ Staff: \_\_\_\_\_  
Assigned to : \_\_\_\_\_