



DEPARTMENT OF
RECREATION AND PARKS
VOLUNTEER APPLICATION
(Please print/type all information)

Coordinator:
Program:
Date:
Job Description Attached: <input type="checkbox"/>

Volunteering for: _____ **Today's Date:** _____

Name: _____

Home Address: _____

City/State/Zip: _____

Daytime Phone: _____ **Evening Phone:** _____

E-mail: _____

Best way to contact you: *Daytime Phone* *Evening Phone* *E-mail*

Personal Information: I am 18 or older

Date of Birth (month & date only – if over 18. If under 18 please provide your birth year also): _____

Contact information in case of emergency ~ *Name:* _____

Relationship: _____ *Phone Number:* _____

Medical Information: Are there any allergies, medical issues or disability concerns that we should be aware of?

Education: (check all that apply): High School Graduate Undergraduate Degree Graduate Degree

Employment Information (please check): Employed Unemployed Retired Student

Please list employer's name or school attending: _____

Occupation: _____

Previous Volunteer Experience: _____

Please list any information that you consider pertinent to your interest in volunteering; including professional affiliations, School honors, skills, strengths, training and /or experience:

Do you have a family member participating in the program you are volunteering for? Yes No

If yes, please provide the name(s) of the participant(s): _____

References: We reserve the right to check references on all potential volunteers. Please list three people other than relatives who would be willing to serve as personal references who have known you for at least one year.

Last Name: _____ First Name: _____ Daytime Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Last Name: _____ First Name: _____ Daytime Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Last Name: _____ First Name: _____ Daytime Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

General Information: Affirmative responses to the following questions will not automatically exclude you from volunteering.

Have you ever been dismissed or asked to resign from any position for reasons other than disability? *No* ζ *Yes* ζ

If yes, please explain:

Have you ever been convicted of an offense in an adult court? *No* ζ *Yes* ζ

If yes, please explain:

If volunteer is under 18 years of age, a parent or guardian must consent to an applicant's working as a volunteer. I hereby consent to my child's participation in the Howard County Department of Recreation and Parks volunteer program.

Signature of Parent/Guardian

Date

- I hereby certify that the information provided above is true and complete to the best of my knowledge.
- I give Howard County department of Recreation and Parks permission to do a background check prior to my volunteer assignment. I understand that my volunteer service is contingent upon receiving satisfactory background check results.
- I understand that I will not be paid as a volunteer.
- I understand that I will serve at the pleasure of the Appointing Authority of the Department/Agency (or their designee) and may be dismissed from my volunteer duties at any time, with or without cause. A volunteer may not be selected for volunteer service. This determination may be made with or without cause.

Signature of Applicant

Date

