



Volunteer Application Cary Parks, Recreation & Cultural Resources

Name: _____ E-mail _____
First, Middle Initial, Last

Address _____ City _____ Zip _____

Home phone: _____ Work phone: _____ Cell phone: _____

Parent/guardian (if under 18) or other emergency contact:

_____ Phone: _____

Medical conditions we should be aware of (allergies to bee stings, etc.)

Program(s) for which you are applying to be a volunteer: _____ Sports _____ Tournaments

_____ Special Events/Festivals _____ Environmental _____ Performing arts _____

Seniors _____ Other _____

Population with which you are interested in working (check all that apply):

_____ Adults _____ Seniors _____ Teens _____ Youth _____ Preschool

Family member participating in the program for which you are volunteering:

Yes _____ No _____ N/A _____

Name of family member in program _____

Previous volunteer experience _____

Educational background _____ Occupation _____

Times for which you are available to volunteer (check all that apply):

_____ Weekdays _____ Evenings _____ Weekends _____ AM hours _____ PM hours

Why are you interested in volunteering with Cary Parks, Recreation & Cultural Resources Department?

Please list any special skills or background that you would be willing to share in your volunteer experience.

Please list the name, address and telephone number (if available) of two persons who know you sufficiently well to comment on your past coaching, previous volunteering or as a personal references? By signing below, you are giving your permission to the Town to contact these references on your behalf.

Name	Address	Phone
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I certify that the above statements are true and complete to the best of my knowledge. I am aware that certain portions of this information may be subject to disclosure under the NC public information disclosure laws.

Date

Signature of Volunteer Applicant

Volunteer Consent and Waiver

Certain volunteer positions in the department have been identified as "sensitive positions". These sensitive positions require the volunteer to undergo a criminal background investigation check which includes a national sex offender registry check. Will you sign a release for a criminal background investigation in order to volunteer for this position if classified as a sensitive position? **(Not applicable to minors) PLEASE REVIEW PARENTAL/GUARDIAN CONSENT STATEMENT BELOW**

_____ Yes _____ No

Parental Consent for Minor to Volunteer

In consideration of the Town of Cary, permitting my child to participate as a volunteer in the Parks, Recreation and Cultural Resources Department and its associated activities, I acknowledge and agree to the following: (1) I represent that my child is in satisfactory physical and mental health and physically/mentally able to engage in volunteer work and not be a danger to themselves or others.(2) I am aware that as a parent of a minor that I will be held liable for any misconduct or behavior or unlawful activity that my child may engage in while in a volunteer status with the town of Cary.

Date

Signature of Parent/Guardian