

CARROLL COUNTY RECREATION DEPARTMENT

VOLUNTEER APPLICATION

ACTIVITY VOLUNTEERING FOR: _____ AGE GROUP: _____

MALE _____ FEMALE _____ HEAD COACH _____ ASSISTANT COACH _____

NAME: _____ SS# _____

ADDRESS: _____ HOME # _____

CITY/STATE/ZIP: _____ WORK # _____

Rainout/Cancellation Phone Number (Calling Post): _____

BIRTHDATE: _____ E-MAIL ADDRESS: _____

EMPLOYER/SCHOOL NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

CONTACT AT THIS LOCATION: _____ PHONE: _____

PLEASE LIST PREVIOUS VOLUNTEER WORK:

ORGANIZATION: _____ SPORT/ACTIVITY _____

NUMBER OF YEARS: _____ REASON FOR LEAVING: _____

REFERENCE NAME: _____ PHONE NUMBER: _____

ORGANIZATION: _____ SPORT/ACTIVITY _____

NUMBER OF YEARS: _____ REASON FOR LEAVING: _____

REFERENCE NAME: _____ PHONE NUMBER: _____

ORGANIZATION: _____ SPORT/ACTIVITY _____

NUMBER OF YEARS: _____ REASON FOR LEAVING: _____

REFERENCE NAME: _____ PHONE NUMBER: _____

PLEASE READ BEFORE SIGNING:

I UNDERSTAND THAT THE INFORMATION I HAVE PROVIDED MAY BE VERIFIED, AND I GIVE PERMISSION TO CARROLL COUNTY RECREATION DEPARTMENT TO MAKE INQUIRY OF OTHERS CONCERNING MY SUITABILITY TO ACT AS A DEPARTMENT VOLUNTEER.

VOLUNTEERS ARE NOT PROVIDED ACCIDENT INSURANCE BY THE CARROLL COUNTY RECREATION DEPARTMENT AND ARE NOT ELIGIBLE FOR WORKERS COMPENSATION BENEFITS IF A PERSONAL INJURY OCCURS WHILE VOLUNTEERING. IN CASE OF A LAWSUIT DEVELOPING OUT OF YOUR VOLUNTEER JOB WITH THE DEPARTMENT, CARROLL COUNTY HAS LIABILITY COVERAGE THAT WILL BE AVAILABLE FOR YOUR DEFENSE.

I REALIZE THAT THE CARROLL COUNTY RECREATION DEPARTMENT MAY DENY ME THE RIGHT TO VOLUNTEER PENDING THE COMPLETION OF THE BACKGROUND CHECK; AND I FURTHER AGREE TO HOLD THE CARROLL COUNTY RECREATION DEPARTMENT AND/OR THE COUNTY HARMLESS REGARDING ANY LIABILITY FOR DEFAMATION, INVASION OF PRIVACY, OR ANY OTHER CLAIM BASED UPON GOOD FAITH ACTION TAKEN PURSUANT OF THE PROVISION OF THIS CONSENT.

SIGNATURE: _____ DATE: _____