



Raleigh  
Parks

# Volunteer Application

Thank you for your interest in volunteering with Raleigh Parks, Recreation and Cultural Resources. Please complete the following application to participate in an ongoing volunteer opportunity with our department. A Parks, Recreation and Cultural Resources staff will contact you with more information on becoming a volunteer and completing a background check.

## Personal Information

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Would you like to subscribe to the Volunteer Services Program monthly newsletter? Yes No

## Emergency Contact Information

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Special Medical Circumstances:

## Volunteer Interests

Please select the following interest(s) in volunteering. For more information on our ongoing volunteer opportunities, visit Raleigh Parks, Recreation and Cultural Resources Volunteer Webpage.

Adopt-A-Park

*Desired Park and Volunteer Activities:*

Adopt-A-Trail

*Desired Trail:*

Recreation Program Assistant

*Desired Recreation Program:*

Invasive Species Program

*Desired Park/Trail:*

Recreation Class Instructor

*Type of Class interested in teaching:*

Other:

Historic Resources and Museums Program Assistant

*Desired Historic Site Location:*



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Group Name (if applicable): \_\_\_\_\_

Volunteer Age Range (if applicable): \_\_\_\_\_

## Available Volunteer Work Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Available							
Times							

## Frequency of volunteering

Weekly

Bi-Monthly

Monthly

Quarterly

### Please sign below when you have read and understand all statements.

I certify that the statements made in this Volunteer Application are true, correct, and given voluntarily and information may be disclosed to any party with legal and proper interest. I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the Raleigh Parks, Recreation and Cultural Resources department.

I understand that the Raleigh Parks, Recreation and Cultural Resources Department reserves the right to screen volunteers, and the Department will not accept anyone as a volunteer who would jeopardize any aspect of service or the safety of Parks, Recreation and Cultural Resources customers and staff.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If volunteer is under 18)

PRCR Site/ Program Supervisor Name: \_\_\_\_\_

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

Non-Discrimination Policy –The City of Raleigh Parks, Recreation and Cultural Resources Department does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability in employment opportunities or the provision of services, programs or activities. A participant alleging discrimination on the basis of any of the areas may file a complaint with the Director of the Raleigh Parks, Recreation and Cultural Resources or the Office of Equal Opportunity, U.S. Department of the Interior, Washington, DC 20240

### TO BE COMPLETED BY VOLUNTEER'S PRCR STAFF SUPERVISOR

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position of Volunteer: \_\_\_\_\_ Volunteer Work Site: \_\_\_\_\_

PRCR Program, Site, or Facility: \_\_\_\_\_

Volunteer Duties:

% of Time volunteer unsupervised by FT PRCR staff: \_\_\_\_\_

% of Time volunteer in contact with minors: \_\_\_\_\_



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## COVID-19 Risks; Release and Indemnity Agreement

COVID-19 is a highly contagious and novel viral agent. Its transmission vectors are imperfectly understood, and it may be possible to transmit or become infected by COVID-19 despite strict adherence to guidelines prescribed by the Centers for Disease Control (CDC) and other federal, state, and local health agencies. While PRCR Department staff will make reasonable efforts to adhere to the above-stated guidelines, users of PRCR programs and facilities may be exposed to increased risk of transmission or infection of COVID-19 through various actions or interventions, including but not limited to contact with or proximity to one or more of the following: other coaches or athletes, staff members, or administrators; the personal belongings of other coaches, athletes, staff members, or administrators; programming and activity materials including, but not limited to, workout equipment, recreational equipment, etc.; and City fixtures and furnishings, including door knobs, chairs, tables, plumbing apparatus, light switches, etc.

WHEREAS, the undersigned has requested to assist with coaching an athletic league at a facility within the City of Raleigh, North Carolina; and

WHEREAS, the undersigned agrees to do so at his or her own risk and recognizing the possible and inherent danger to his or her person or property resulting therefrom. These risks include but are not limited to: equipment problems or failures; contact with and actions of other fitness room users, participants, spectators, and volunteers; slips/trips/falls; musculoskeletal injuries; exposure to and illness from infectious diseases, and any and all risks described in the preceding section; and

WHEREAS, the City of Raleigh does not wish to be liable for any damages arising from personal injury, death, illness, or property damage sustained thereby;

NOW, THEREFORE, In consideration of mutual promises and other good and valuable consideration, the undersigned does hereby for himself / herself and their personal representatives:

- A. Acknowledge that he/she has been given reasonable notice of the actions taken by the Raleigh for the purpose of reducing the risk of transmission of COVID-19 to individuals present on the premises, and agree that the City of Raleigh's actions have been reasonable
- B. Assume full responsibility for any personal injury or any damage to his or her property, which may occur, directly or indirectly, in the course of coaching or assisting with athletic league programs.
- C. Fully and forever release, and discharge the City of Raleigh, its agents and employees, from any and all claims, demands, rights of action or cause of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the above-described activity.
- D. Agree that it is the intent of the undersigned that this Release and Indemnity Agreement shall be in force and effect any time after the execution hereof.

As of September 17, 2021, all Raleigh Parks volunteers that will be working indoors will be required to be fully vaccinated. I understand this requirement and will be required to show proof of full vaccination.

Volunteer Initials: \_\_\_\_\_

Staff signature: \_\_\_\_\_

**\*\*By signing you certify that you have verified the volunteer's vaccination status.\*\***