



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: \_\_\_\_\_

## 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 in contact with minors: \_\_\_\_\_

# CITY OF RALEIGH VOLUNTEER & SPECIAL EVENTS RELEASE FORM

[parks.raleighnc.gov](http://parks.raleighnc.gov)



The City of Raleigh has been forced to confront the potential dangers associated with the COVID-19 pandemic. The City's Parks, Recreation, and Cultural Resources (PRCR) Department remains committed to providing high quality programming. However, in order to comply with guidelines from the Centers for Disease Control (CDC) and other federal, state, and local public health agencies, the PRCR Department has implemented additional safety precautions to ensure that program participants and other PRCR Department staff will have a fun, exceptional experience.

## COVID-19 RISKS

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 CDC and other federal, state, and local health agencies.

Participants in Raleigh Parks programs will be in a group setting where they may come into contact with other program participants (other volunteers, instructors, program staff, and program administrators, etc.). Volunteer activities may be conducted in the outdoors and/or a public community center setting. As a result, while PRCR Department staff will make reasonable efforts to adhere to the above-stated guidelines, participants in PRCR programs may be exposed to increased risk of transmission or infection of COVID-19 through various agencies, including but not limited to contact with or proximity to one or more of the following:

- Other volunteers, program participants, staff members, or administrators;
- The personal belongings of volunteers, program participants, staff members, or administrators;
- Programming and activity materials including, but not limited to, markers, books, games, toys, recreational equipment, maintenance equipment, maintenance machinery, etc.; and;
- City of Raleigh facility fixtures and furnishings, including door knobs, chairs, tables, plumbing apparatus, light switches, etc.

## VOLUNTEER WAIVER

I and/or my minor child wish to participate in a City of Raleigh Volunteer Program. I agree that access to City programs, facilities, and service projects provides a benefit to me and to my family and is adequate consideration for this agreement. I understand that participating in this program involves risk of injury. These risks include, but are not limited to, inclement weather or excessive heat, falling debris, proximity to damaged trees or structures, accidents while traveling, injuries from the use of power tools and machinery, equipment problems or failures, proximity to vehicles or equipment (including those producing debris or dust), contact with and actions of other volunteers or participants, slips/trips/falls, musculoskeletal injuries, harm from contact with sharp objects or tools, contact with chemicals or irritants, exposure to wildlife (including snakes and biting insects), and exposure to and illness from infectious diseases, and any and all risks described in the preceding section. I choose for myself or for my child to participate in this program despite the risks.

By signing below, I acknowledge, for myself and my child, all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree, for myself and for my child, to follow all rules and procedures of the program and to follow the reasonable instructions of the counselors, staff members, and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself, for my child, and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I or they may have to seek payment or relief of any kind from the City of Raleigh, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am

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Raleigh  
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submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City of Raleigh, its employees, or its agents and agree to indemnify the City of Raleigh for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program.

I understand that the City of Raleigh provides no insurance or worker's compensation coverage for me or for my child. I have read this document thoroughly and understand that by signing this form I am waiving legal rights.

Pictures or video may be taken of volunteer for use in program publicity.  **Please check, if you do not concur.**

Name of Participant \_\_\_\_\_ Participant Phone Number \_\_\_\_\_

Printed Name of Parent/Legal Guardian \_\_\_\_\_

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

Email \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Signature (of parent/legal guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_