CITY OF HARRISONBURG PARKS & REC

# VOLUNTEER APPLICATION AND AGREEMENT

Applicant Name: _____ Date of Application: _____
(First) (Middle) (Last)

Parent/Guardian Name (if a minor): _____ Applicant Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Volunteer Assignment Interest: _____ Option #2: _____

Previous Volunteer Experience: Year: _____ Description: _____

Year: _____ Description: _____

Related Education/Skills/Certifications to Position: _____

Please List Two References:

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Is the requested volunteer assignment required for educational credits or court ordered community service?

Yes ☐ No ☐ If yes, please explain and identify institution: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Approximate Length of Time of Volunteering: ☐ 1-3 Months ☐ 3-6 months ☐ 6+ months

Estimated Time Commitment During Assignment: ☐ 1-16 hrs./week ☐ 17-24 hrs./week ☐ 24+ hrs./week

Start Date: _____ End Date: _____

Indicate Availability Hours Below (e.g. 8:00am-5:00pm)

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|
| | | | | | | |

**FOR OFFICE USE ONLY**

☐ **Approved** ☐ **Denied**

**Reason (if denied):** _____

**Program Supervisor:** _____ **Approval Signature**: _____

**Background Check Date:** _____ ☐ **Pass** ☐ **Fail**

CITY OF HARRISONBURG
PARKS & REC

As a volunteer of the Harrisonburg Parks and Recreation Department (HPRD), I intend to donate my services, and the HPRD intends to accept the donation of volunteer services. Both parties agree as follows:

1. I understand that as a volunteer, I am not an employee of the HPRD and am not entitled to receive a salary, benefits, or other compensation.
2. I will abide by all HPRD policies regarding personal conduct while performing volunteer services.
3. I agree to follow the supervision and direction of any HPRD personnel to whom I have been assigned.
4. I will actively participate in any required training for my position, provided by the HPRD.
5. I will not appear for volunteer service under the influence of alcohol or any illegal substance. I agree to inform the program supervisor at the beginning of the shift if I am taking any over the counter or prescription medications that may impair my ability to perform volunteer services.
6. Background Check Information:
    a. Individuals who apply to work with any program that serves children, elderly individuals, or disabled individuals and that is approved by or affiliated with the HPRD, will undergo a background check by a third-party provider.
    b. Any applicant who (1) has been convicted of a disqualifying crime, including conviction based on a plea of no contest, (2) has a charge pending in which the applicant is alleged to have committed a disqualifying crime, or (3) has a record of conviction of an equivalent offense in another state, will be disqualified from working with any program approved or affiliated with the HPRD that serves children, elderly individuals, or disabled individuals, and the application will be denied. Additionally, the HPRD reserves the right to disqualify an applicant on the basis of crimes not listed in this policy as disqualifying, but which it considers a potential risk.
    c. Applicants must submit to an additional background check once every 24 months, for so long as they continue working with any program that serves children, elderly individuals, or disabled individuals.
    d. One-time volunteers for specials events are excluded from the background check if they will be under the direct supervision of an HPRD employee.
    e. To protect the privacy of applicants, HPRD will not divulge an applicant's specific criminal history unless required to do so by law.

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I certify that I/my child, to the best of my knowledge, is in proper physical condition for this activity.

I understand and acknowledge that there are risks associated with this activity and hereby assume any and all risks and hazards therewith, and, in consideration of the permission granted to me/my child by Harrisonburg Parks and Recreation Department, I hereby release the City of Harrisonburg, its officers, employees, and volunteers from all claims for damages arising from any accident or injury caused by or arising from participation in the above activity or at any location where the activity is held.

In case of medical emergency, I authorize Harrisonburg Parks and Recreation Department personnel to obtain medical treatment for me/my child.

I grant the City of Harrisonburg permission to use my/my child's face, likeness, voice and appearance in any communication materials, which may include, but are not limited to, news released, publications, videos, billboards, television, and social media.

I, the undersigned, have read this Waiver Agreement and understand and agree to all its terms.

Signature of Participant or Parent/Guardian Date

## ACKNOWLEDGMENT AND AUTHORIZATION FOR CONSUMER REPORT

I acknowledge that I have received multiple stand-alone documents provided to me, including the **CONSUMER REPORT DISCLOSURE, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**, and **OTHER APPLICABLE NOTICES** and certify that I have read and understand those documents. I hereby authorize the obtaining of consumer reports by **The City of Harrisonburg** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Reference Services, Inc., 101 Plaza East Blvd., Suite 300, Evansville, Indiana 47715; Tel. # 812.474.9000; www.referenceservices.com** and/or **The City of Harrisonburg**. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**Signature:** _____ **Date:** _____

## BACKGROUND INFORMATION

**Last Name:** _____ **First**_____ **Middle:** _____

**Other Names/Alias:** _____

**Social Security #*:** _____ **Date of Birth*:** _____

**This information (SSN and DOB) will be used for background screening purposes only and will not be used as hiring criteria.*

**Driver's License #:** _____ **State of Driver's License:** _____

**Phone Number:** _____

**Present Address:** _____

**Present City/State/Zip:** _____

**Email Address**: _____

**Signature:** _____ **Date:** _____

*Form Updated 11/29/2021*

## CONSUMER REPORT DISCLOSURE

**The City of Harrisonburg** (the "Company") may obtain information about you from a third-party consumer reporting agency for employment purposes (including independent contractor or volunteer assignments, as applicable). Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

These searches will be conducted by **Reference Services, Inc., 101 Plaza East Blvd., Suite 300, Evansville, Indiana 47715; Tel. # 812.474.9000; www.referenceservices.com.**

**Signature:** _____ **Date:** _____

*Form Updated 11/29/2021*