Please complete this form in order to volunteer with Baltimore City Recreation and Parks (BCRP) programs and events. Thank you for sharing your time and talents!

# CONTACT INFORMATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Gender (optional): F / M

Street address:

City, State, Zip code:

Home phone: ( ) -\_\_\_\_\_\_\_\_\_\_ Cell phone: ( ) -\_\_\_\_\_\_\_\_\_\_

Are you currently employed? YES / NO Are you currently retired? Yes / No

If employed, who is your employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is your current position or title? \_\_\_\_\_\_\_\_

Work phone: ( ) -\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_ Alternate email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth (optional): \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_

# AVAILABILITY

Which days of the week would you like to volunteer?

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

Which hours are you available for volunteer assignments?

 \_\_\_ Weekday mornings AM \_\_\_ Weekend mornings AM

 \_\_\_ Weekday afternoons PM \_\_\_ Weekend afternoons PM

 \_\_\_ Weekday evenings \_\_\_ Weekend evenings

# INTERESTS

Indicate the activities you would like to volunteer with:

\_\_\_\_ Animal care (reptiles / birds / insects)

\_\_\_\_ Debris cleanups around the Park

\_\_\_\_ Front desk administration

\_\_\_\_ Fundraising

\_\_\_\_ Librarian management

\_\_\_\_ Local history around Gwynns Falls Leakin Park and other natural spaces

\_\_\_\_ Marketing outreach and/or graphic design

\_\_\_\_ Nature art in the park, art in general

\_\_\_\_ Outdoor nature youth educational programs

\_\_\_\_ Preschool education

\_\_\_\_ Special event coordination

\_\_\_\_ Storytelling

\_\_\_\_ Taxidermy

\_\_\_\_ Trail restoration and maintenance

\_\_\_\_ Tree plantings, gardening, and/or grounds-keeping

\_\_\_\_ Water quality testing

# EMERGENCY CONTACT INFORMATION

Full name of emergency contact #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: ( ) -\_\_\_\_\_\_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of emergency contact #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: ( ) -\_\_\_\_\_\_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please identify any allergies, medical conditions, medications, or other health issues that we should know about in an emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# BACKGROUND INFORMATION

Have you ever been convicted of a felony? YES / NO

To ensure the safety of our children, the Department of Recreation and Parks requires that all volunteers and staff who work directly with youth must be fingerprinted and undergo a background check. Do you consent to do this? YES / NO

# AGREEMENT AND SIGNATURES

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Volunteer name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Today’s date: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_

Parent signature if volunteer is under age 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# OUR POLICY

It is the policy of BCRP to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us!

Center/Park Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center/Park/Department name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_

**FAVORITE THINGS**

Please list some of your favorite treats, hobbies, gifts, movies, places, people, or other fun things!

(i.e. Kit-Kat): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY:

Date fingerprinted: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date cleared: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ Date NOT cleared: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ VOLUNTEER AGREEMENT/LIABILITY WAIVER/PERMISSION

**Voluntary Participation:**

I acknowledge that I have voluntarily applied to assist at Department of Recreation and Parks facilities or at Park owned property. I understand that as a volunteer I will not be paid for my services and I will not be eligible for any Workers Compensation benefits or medical or any other insurance coverage as part of my services.

**Release:**

1. In connection with, and with consideration of my participation in this project, to the fullest extent permitted by law, I hereby release and forever discharge and agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against the Baltimore City Department of Recreation and Parks or any City agencies, or their officers, directors, staff, collectively or individually, or the suppliers of any materials or equipment that is used by the project, or any of the volunteer workers, for any injury or death to me, however caused, arising from my participation in this project whether due to negligence, mistake, or other action or inaction of Baltimore City Recreation & Parks or any person or entity.
2. Knowing the potential dangers, hazards, and risks associated with any project, and with sufficient knowledge of my physical condition and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property in any way associated with my participation in the project.
3. I agree to abide by all rules/regulations applicable to participation in this project. Should I require emergency medical treatment or first aid as a result of illness or injury associated with the project or related activities, I consent to such first aid/treatment.
4. I, further, consent to the unrestricted use by Baltimore City Recreation and Parks and/or persons authorized by them, of any photographs, recordings, interviews, videos, or similar visual recording of me for outreach publicity and/or educational purposes, without limitation or compensation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Legal Guardian if under 18 (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (or signature of Legal Guardian if under age 18) Date