

# Kent County Parks and Recreation Volunteer Acknowledgement and Agreement Form

*Must Complete Entire Form*

Last Name	First Name	Middle Name	Date of Birth
Mailing Address		City	State Zip Code
Phone Numbers Home: _____		Work: _____	Cell: _____ Other: _____
Program and Location Interested In:		Today's Date:	

Best time to contact you is: \_\_\_\_\_: \_\_\_\_\_ am/pm

Have you ever been employed with us before? .....  Yes       No

If Yes, give date: \_\_\_\_\_

Do any of your friends or relatives work here? .....  Yes       No

If Yes, whom: \_\_\_\_\_

Date available to begin volunteering: \_\_\_\_/\_\_\_\_/\_\_\_\_

When are you available? (Please check all that apply)

Mornings       Afternoons       Evenings  
 Weekends       Special Events       Other (please explain): \_\_\_\_\_

Where would you like to apply your volunteer time? (Please check all that apply)

Children/Youth       Teenagers       Seniors  
 Individuals with Disabilities       Sports       Special Events  
 Trips       Outdoor Recreation

## Education

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Received
Elementary School				
Middle School				
High School				
College				
Other				

If you are currently employed please complete the following:

Name of Employer: \_\_\_\_\_

Position: \_\_\_\_\_  Part Time     Full Time

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Describe any specialized training, interests, and extra-curricular activities:

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What previous volunteer experience do you have?

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What other qualifications and additional information you feel may be helpful:

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Character References (not related to you):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

In Case of Emergency, please contact:

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

Phone Numbers: \_\_\_\_\_

**Disclosure Affidavit**

Kent County Parks and Recreation screens prospective employees and volunteers to evaluate whether an applicant poses a risk of harm to children, youth, elderly, and others served by KCPR. Information obtained is not an automatic bar to employment or volunteer work, but is considered in view of all relevant circumstances. This disclosure is required to be completed, any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification.

Must check "yes" if you have ever been convicted of, pleaded guilty to, pleaded nolo contendere or no contest to, admitted, had any license, certificate, or employment suspended, revoked, terminated, or adversely affected because of, been diagnosed as having or treated for any mental or emotional condition arising from, or resigned under threat of termination of employment or volunteer work for any of the following:

Yes	No	
_____	_____	Any felony
_____	_____	Rape or other sexual assault
_____	_____	Drug or alcohol related offenses
_____	_____	Abuse of a minor or child (physical or sexual)
_____	_____	Incest
_____	_____	Kidnapping, false imprisonment, or abduction
_____	_____	Sexual harassment
_____	_____	Lewdness or indecent exposure

_____	_____	Assault, battery, or other offense
_____	_____	Endangerment
_____	_____	Any misdemeanor involving a minor
_____	_____	Been accused of any of the above

If you have answered “yes” to any of the above please explain.  
 If none, write “none”.

Description

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As a Kent County volunteer the lasting impression you make on those you serve reflects directly on all of us. Please be sure your work and deeds will help build our program and its reputation for quality. In dealing with the public, you must be unfailingly polite and mannerly. It is not your role or responsibility to handle unhappy citizens. Should you find yourself in a situation where courtesy is becoming difficult, please immediately refer the matter to the nearest responsible County employee.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for refusal of volunteer services.

I understand that as a volunteer, authorized by Kent County Parks and Recreation (KCPR), I am afforded liability protection with respect to damages to third parties to the same extent as County employees, as long as I am acting within the scope of my duties as a volunteer. I will notify a County employee if I have a safety concern and report to my supervisor immediately if myself or someone else is injured.

By signing this agreement I understand that I have freely offered, on a voluntary basis, my services in connection with activities being conducted by the KCPR Department. I specifically acknowledge that I am a volunteer and not an employee or subcontractor of KCPR. I further acknowledge that certain dangers and risks are inherent in connection with the contemplated volunteer services including, but not limited to, cuts, scrapes, contraction of infection or disease and other injury. I, hereby, release, and forever discharge KCPR, and its officials, employees, sponsors, board members, and County Government Officials from any and all claims, demands, or causes of action heretofore or hereafter arising or relating to my involvement in connection with or any damage or injury that may occur in connection with my providing volunteer services to KCPR.

\_\_\_\_\_  
 Signature of Volunteer

\_\_\_\_\_  
 Date

***A parent or guardian must sign this form if the volunteer named above is under 18 years of age.***

\_\_\_\_\_  
 Parent or Guardian Signature

\_\_\_\_\_  
 Date