Rockdale County
Parks and Recreation Department
1781 Ebenezer Rd SW• Conyers, GA 30094 Phone (770) 278-7529

VOLUNTEER APPLICATION

Volunteer in the Park | Rockdale Parks and Recreation (VIP)

Thank you for expressing an interest in volunteering for Rockdale County Parks and Recreation. We take great pride in our parks, programs, and services. VIP provide a community branch of service delivery that helps to ensure the most efficient and effective use of community resources. If you or someone you know would be interested in helping in any of the following areas, please complete this form and return it to the Rockdale County Parks and Recreation Department at the above address. Volunteers must be at least 16 years old; however, younger children ages 13-15 years old can accompany a parent or guardian with our *Family Friendly Programs.**

Please check areas in which you would be interested in volunteering:

☐ Special Events
☐ Trail/ Nature Clean Up*
☐ Summer Break Camp
☐ Fall Break Camp
☐ Winter Break Camp
☐ Other _____

☐ Youth Programs
☐ Office Assistant

Describe your skills, interests, or relevant experience (e.g., arts & crafts, sports, youth programs, nature/ gardening, working with individuals with disabilities, special events):

_____
_____
_____

NOTE: All volunteers participating in the Rockdale County Parks and Recreation Volunteer Program are required to submit a Background Check Consent Form. This form must be notarized and is attached to the application.

Personal Information

Today's Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home phone: _____ Work/Cell phone: _____ E-mail: _____

Are you currently employed? ☐ Yes ☐ No If yes, may we contact your present employer? ☐ Yes ☐ No

Company Name: _____Supervisor: _____Phone: _____

Medical Information

Please list any medical conditions or concerns (e.g., asthma, allergies, heart conditions):

_____

_____

How often are you available to volunteer? ☐ Daily ☐ Weekly ☐ Monthly ☐ 3 Mos. ☐ 6 Mos. ☐ All Year

Are you interested in volunteering on a temporary or permanent basis? ☐ Temporary ☐ Permanent

Please indicate the day(s) and times you are available:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
From:	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
To:	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

List any relevant skills, talents, trainings, certifications or hobbies that may help you as a volunteer with RCPR:

_____

_____

STUDENTS: Are you receiving school credits for volunteering? ☐ Yes ☐ No

If yes, please explain: _____

_____

Please list two personal references:

1. _____
   Name Phone Relationship

2. _____
   Name Phone Relationship

Thank you for your interest in being a VIP with RCPR.

VOLUNTEERS MUST PROVIDE THEIR OWN TRANSPORTATION.

It is the intent of the Department to provide equal opportunity to all volunteers, in all terms, privileges and conditions without regard to sex, race, religion, national origin, physical disability, or any other factor. State law requires that all persons working with minors undergo a background investigation

I certify that the information provided above is true and complete to the best of my knowledge. I understand that any false statements may result in the rejection of my application.

Applicant signature _____ Date _____

Parent signature _____ Date _____

Required if applicant is under 18 years of age

LIABILITY WAIVER

As a volunteer with the Rockdale County Parks and Recreation Department, the lasting impression you make on those you serve reflects directly on all of us. Please be sure your works and deeds will help build our program and its reputation for quality.

I, _____, agree to perform the volunteer duties to which I am assigned to the best of my ability and in a professional manner. I understand that as a volunteer, authorized by the Rockdale County Parks and Recreation Department, acknowledge that there may be certain risks related to this Activity. I hereby state and affirm that:

1. In consideration of being allowed to take part in this Activity, I agree to release and hold harmless the Department, its officers, employees, and agents, from all liability for any harm or injury that I may incur as a result of participating in the Activity, excluding proven gross negligence, by the Department.

2. By way of this form, I authorize the Department staff to assist me by administering basic first aid and/or obtain appropriate emergency medical treatment for me in the event of an accident, injury, or illness.

3. I understand that I may be subject to falls, slips, cuts and bruises, and may be at risk for this particular Activity.

4. Unless I indicate otherwise in writing, the Department for publicity purposes may take photographs, videotapes, or audiotapes of me during the course of the Activity for use. My first name is the only personal information about me that could be release by the Department in the use of the above-mentioned media.

5. The terms of this Agreement shall be binding on my heirs, executor, administrator and all members of my family.

THE UNDERSIGNED ACKNOWLEDGES THAT THEY HAVE READ AND UNDERSTAND THE PURPOSES AND EFFECT OF THIS DOCUMENT.

Applicant signature _____ Date _____

Parent signature _____ Date _____

Required if applicant is under 18 years of age

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize Rockdale County Parks and Recreation LaVonda Bruton to conduct an inquiry for
Agency/Company
the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)			
Address			
Sex	**Race**	**Date of Birth**	**Social Security Number**

□ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

_____ _____
Signature Date

*****DO NOT WRITE BELOW THIS SECTION*****OFFICIAL USE ONLY*****

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: *Only one inquiry may be performed per consent form*.

NON-CRIMINAL JUSTICE PURPOSES		
	E	Employment
	M	Employment direct care with Mentally Ill/Developmentally Disabled
	N	Employment direct care with Elderly
✓	**W**	Employment direct care with Children
	P	Public Record (no consent required)
	F	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
	U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT		
	J	Civilian Criminal Justice Employment (state and III data received)
	Z	Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (check all that apply):

	No criminal history available
	Criminal history available (attached/released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (list Wanting agency below)
	Wanting Agency Name:
	Wanting Agency Telephone:

Sworn and subscribed before me this _____day
of _____, 20_____.

Revised June 2023

Notary: _____