

Kernersville Parks & Recreation

Special Event Volunteer Application

Physical: 125 E. Bodenhamer St
Kernersville, NC 27284

Mailing: Attn: KPRD, PO Box 728
Kernersville, NC 27285

Phone (336)996-3062 • Fax (336)992-0070

Thank you for your interest in volunteering with Kernersville Parks & Recreation at our special events. We rely on volunteer assistance and sincerely appreciate your time.

Your service is very much valued and will have a positive impact on this community. Volunteers make it possible for us to provide a higher level of service and promote the well-being and quality of life for all citizens.

Please select an event below and submit the completed application via email, fax, or regular mail. More information about other volunteer opportunities can be found at <http://kvparks.com/about-us/volunteer-opportunities/>

- | | |
|---|---|
| <input type="checkbox"/> Father Daughter Dance – February | <input type="checkbox"/> Haunted Movie Night – October |
| <input type="checkbox"/> Mother & Son Challenge – April | <input type="checkbox"/> Christmas Tree Lighting – December |
| <input type="checkbox"/> Honeybee – August | <input type="checkbox"/> |

AGREEMENT

I verify all the information on the attached application is correct.

Participant Name: _____

Participant Signature: _____ Date: _____

EMERGENCY NOTIFICATION INFORMATION

Name: _____
First *MI* *Last*

Relationship: _____ Phone: _____

PERSONAL INFORMATION

Name: _____
First *MI* *Last*

Address: _____
Street City State Zip

Phone: _____ - _____ *Daytime* *Mobile* - _____ Are you over the age of 18?
☐ Yes ☐ No

E-mail Address: _____

Education: (Highest level Completed) _____ Occupation: _____

Hobbies, Interest, Skills:

Are you bilingual?: ☐ Yes ☐ No If yes, what languages: _____

Have you ever worked for the Town of Kernersville? ☐ Yes ☐ No

If yes, where and when did you work here?

Do you have any relatives who work for the Town of Kernersville? If yes, what is their name?

☐ Yes ☐ No _____

In the past 5 years, have you been convicted of a misdemeanor? ☐ Yes ☐ No

If yes, give details _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, give details _____

Indicated any pending charges against you by checking: ☐ None ☐ Misdemeanor ☐ Felony

A criminal record may disqualify someone from volunteering if the record is relevant to the volunteer work to be performed

PERSONAL REFERENCES

Name: _____ Phone: _____

Relation: _____ Known: _____

Name: _____ Phone: _____

Relation: _____ Known: _____

VOLUNTEER WAIVER & RELEASE

I understand that I will be providing my services without compensation and will not be considered an employee of the Town of Kernersville and am not entitled to any benefits of any kind, including, but not limited to, unemployment, workers' compensation or retirement benefits.

I also understand I am solely responsible for my health and safety. I accept and assume these risks and agree to release, discharge and hold harmless the Town of Kernersville, its officers, employees, and agents from any and all actions, due to dangerous or defective property or equipment, known or unknown, now existing or which may arise in the future, on account of or in any way related to or arising out of my participation in this volunteer service.

I understand that signing this Volunteer Waiver and Release is a condition of my participation in this volunteer service. I have carefully read this Waiver and Release and fully understand its contents. If I am under eighteen (18) years of age, my parent or legal guardian has completely reviewed this Waiver and Release, understands and consents to its terms, and authorizes my participation by his/her signature below.

In addition, I give, without expectation of compensation, my permission for the use of my name (and any of my minor children's names) together with photographs, digital images or recordings of me and/or my children in materials and publications that may be produced and/or distributed by the Town of Kernersville. The same may be used in any manner or in any media without any notification, inspection or compensation to me. I release the Town of Kernersville and those acting pursuant to its authority from liability for any violation of any personal or proprietary right which I may have in connection therewith.

Participant Name: _____
PRINT

Participant Signature: _____ Date: _____

Parent/Guardian Name if under 18 years of age: _____
PRINT

Signature of Parent/ Guardian: _____ Date: _____

VOLUNTEER AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that the Town of Kernersville may now, or at any time while I am volunteering, contact personal references, conduct a verification of my education and licenses/certification, employment/work history, motor vehicle records, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the volunteer assignment. The results of this verification process will be used to make decisions pursuant to the Town of Kernersville's volunteer agreement.

I authorize the Town of Kernersville and any of its associates, to disclose orally and in writing the results of this verification process to the designated authorized representative of the Town of Kernersville.

I have read and understand this release and consent, and I authorize the background verification. I authorize all persons, schools, current and former employers and other organizations and Agencies to provide the Town of Kernersville, or its associates with all information that may be requested. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to release and discharge the Town of Kernersville, or its associates to the full extent permitted by the law from any claims, damages, losses, liabilities, costs, and expenses or any other charge or complaint filed with any Agency arising from the retrieving and reporting of information.

Participant Name: _____
PRINT

Participant Signature: _____ Date: _____

Parent/Guardian Name if under 18 years of age: _____
PRINT

Signature of Parent/ Guardian: _____ Date: _____