



Interviewed: () Yes () No Date Interviewed: _____ Division: _____

**MARION COUNTY PARKS AND RECREATION
VOLUNTEER APPLICATION**

Date of Application: _____

Name: (Last)	(First)	(Middle Initial)
Street Address:		
City, State, Zip Code:		Home Phone: () _____ Mobile Phone: () _____
Mailing Address (if different from above):		
Drivers License Number/Issuing State:		Email Address:
Have you previously volunteered here? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates Volunteered:		
I can volunteer _____ hours per <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month		
Days: Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/>		
Time of Day: Morning (7a.m. to Noon) <input type="checkbox"/> Afternoon (Noon to 5pm) <input type="checkbox"/> Evenings (5pm to 9pm) <input type="checkbox"/>		
In which general volunteer areas are you most interested? Administration <input type="checkbox"/> Recreation <input type="checkbox"/> Operations <input type="checkbox"/> Natural Resources <input type="checkbox"/> Design <input type="checkbox"/>		
Comments: Please explain below what interests or qualifications you have as a volunteer for the general area selected. Include any relevant skills, experience and/or education.		
References:		
Name:		
Address:		
City/State/Zip		
Telephone: () _____		Relationship:
Name:		
Address:		
City/State/Zip		
Telephone: () _____		Relationship:
Name:		
Address:		
City/State/Zip		
Telephone: () _____		Relationship:



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EMERGENCY CONTACT:

Name (Last)	(First)	(MI)	Relationship:
Street Address:			City/State/Zip
Home Phone: ()			Cell Phone: ()
Email Address:			

AGREEMENT:

Marion County Parks and Recreation appreciates your willingness to volunteer your services to assist the County, its patrons, and the community. In signing this form as a Volunteer you are acknowledging that your services for the County are gratuitous and are intended as a contribution by you for public service for the County, its patrons, and the community and as such, that you will be entitled to no compensation or any fringe benefits or other employment rights applicable to the employees of Marion County. It is expressly understood that you are not an employee or agent of the County department and that we will provide you with necessary information and guidance to perform your volunteer services. For any reason whatsoever, either you or the Parks and Recreation Department may terminate this volunteer agreement. While on the department premises you will agree to abide by all of the rules of conduct governing the staff and employees of the department in performing your services. Your signature below authorizes Marion County to conduct background checks on the information provided. It is understood that as a condition of this volunteer agreement, you will be required to take a drug test and physical examination. I certify that the information provided is true and accurate to the best of my knowledge.

Signed:	Date:
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Applicants are conditionally offered a volunteer position based on the successful completion of a post offer physical including a drug screen test; a background investigation; a motor vehicle report (for position requiring drivers license); reference check; and a physical agility demonstration (for positions requiring certain physical requirements). Offers may be withdrawn due to the applicant's failure to successfully complete any of the above post offer requirements.

Signature:	Date:
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Parent's Signature: (if applicant under 18 years of age)	Date:
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Applicant Name: _____

Address: _____

By signing below, I certify that I have received a copy of the County’s written notification that it may obtain a consumer report or reports on me, and I authorize the County to obtain such a report or reports for use in connection with my application for volunteer services and for other volunteer-related reasons. I understand that the term “consumer report” includes, but is not limited to, credit checks, criminal background checks, Department of Motor vehicle records, and investigative consumer reports. I further understand that an investigative consumer report contains information on my character, general reputation, personal characteristics, or mode of living which has been acquainted or who may have knowledge concerning any information. I understand that if accepted as a volunteer, this authorization shall remain on file and shall serve as on-going authorization for Marion County to procure consumer reports at any time during my volunteer status with the County.

I authorize the County to obtain consumer reports and/or investigative consumer reports regarding me from time to time for volunteering purposes.

Signature: _____

NOTIFICATION TO APPLICANT THAT A CONSUMER CREDIT REPORT MAY BE OBTAINED

In compliance with Public Law 0991-508, the Fair Credit Reporting Act, as amended by Public Law 104-208, the Consumer Credit Reporting Reform Act, and applicable state law, this notice is to inform you that this organization may obtain a consumer report or reports in connection with your application for employment and for other volunteer service related reasons. “Consumer reports” include, but are not limited to credit reports, criminal background checks, Department of Motor Vehicle records, and investigative consumer reports. An “investigative consumer report” contains information on your character, general reputation, personal characteristics, or mode of living which has been obtained through personal interviews with neighbors, friends, or associated or from others with whom you are or have been acquainted or who may have knowledge concerning any such information.

If the County requests an investigative consumer report and you would like to receive a disclosure of the nature and the scope of the investigation and a written summary of consumer rights, indicate here:

Print Name: _____ Date: _____

Signature: _____

Driver License No: _____ State: _____

Other Driver License held in the past 5 years: _____



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FINAL VOLUNTEER SELECTION INFORMATION

1. Volunteer's date of birth and Social Security Number*

Volunteer Name

Date of Birth (mm/dd/yyyy)

- -

Social Security Number
(Requested for the purpose of volunteer background check.)

2. PR staff to forward the Volunteer Application and this form to HR for background check and approval.

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To be completed by Parks and Recreation staff:

Print Name: _____ Job Title: _____

Department: **PARKS AND RECREATION** _____

Volunteer Location within the Department: _____

Signature: _____ Date: _____