



Forsyth County Parks & Recreation

Individual Volunteer Application

I am applying for:

General interest; list location of interest and what you would like to do:

Personal Information

Name: _____

Birthdate: ____/____/____ Age: _____ Female Male

Address: _____ City _____ State _____ Zip _____

Cell number: _____ Email: _____

Medical conditions: _____

Experience

Have you served as a volunteer for Forsyth County Parks & Recreation before? Yes No

Please describe any training, education, employment or volunteer experience that would contribute to the position or area of interest (optional - attach a resume)

Hobbies/interests: _____

What inspires you to volunteer with us? _____

Availability

Please list your availability (days and times):

References

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Waiver

I, the undersigned, assume all risks and hazards incidental to participation, including transportation to and from these volunteer activities and do hereby, for myself, my child, my heir, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless the Forsyth County Government, Forsyth County Parks and Recreation Department and its representatives, sponsors, affiliated associations, organizers, officers, officials and participants for any and all damages suffered by myself or my child in connection with this volunteer activity. Also, I agree that I will abide by all the rules and policies set by Forsyth County Parks & Recreation.

I, the undersigned, give permission to the Forsyth County Parks and Recreation Department to take photographs during program/activities and use those photographs in advertising or promoting Parks and Recreation programs and activities.

I the undersigned, give permission to the Forsyth County Parks and Recreation Department to obtain and authorize medical care for said minor child at any hospital, emergency medical center, or any other health facility; by any medical doctor, osteopath, nurse, surgeon or any other medical practitioner. The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and hold the staff authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment authorized.

I, the undersigned, understand that I am not an employee of Forsyth County Parks & Recreation and I am not eligible to receive benefits including workman’s compensation.

NOTICE TO ALL APPLICANTS

FCPRD requires an annual background check on the following types of volunteers:

- Volunteers who are placed in direct contact with at-risk clients, such as children under the age of 18, people with disabilities, and/or the elderly
- Volunteers that will be working in an office, recreation center or handling money
- Volunteers that will be working independently from staff supervision

Print Name: _____ **Signature:** _____ **Date:** _____

FOR VOLUNTEERS UNDER THE AGE OF 18

Guardian Name: _____ **Signature:** _____ **Date:** _____

Phone number: _____ **Email:** _____

Return application to:

Email: parkweb@forsythco.com

In person: Fowler Park Office, 4110 Carolene Way, (770) 781-2215, M-F, 8:30 a.m. to 5 p.m.

By mail: Forsyth County Parks & Recreation, P.O. Box 2417, Cumming, GA 30028