



Carteret County Parks and Recreation Volunteer Application

Last Name _____ First Name _____ MI _____ Date _____

Home Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Phone Number(s) Home _____ Work _____ Cell _____

Email Address _____

Emergency Contact Name _____ Relationship _____ Phone # _____

Are you a student? Yes No Need Class Credit? Yes No

School/College/University _____ Teacher/Instructor/Professor _____

Current Occupation _____ Name of Employer _____

Which programs are you interested in volunteering for?

Senior Games
Beach Run Series

Special Olympics*
Jamborees
Youth Basketball Coach

**Most programming
conducted during school
hours*

Availability

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weekly	<input type="checkbox"/>
Monthly	<input type="checkbox"/>
Seasonally	<input type="checkbox"/>
As needed or requested	<input type="checkbox"/>

Please list skills, hobbies, interests, or experiences that you feel would benefit the program(s) you wish to volunteer for:

Please list previous or current volunteer roles with location (if any):

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Permission to Use Photographs

- With my signature below I grant Carteret County Parks and Recreation permission to use, both in print and on their website, any photograph of me participating in its programs.

Applicant Information

- I certify that all information in this application is true and complete.

References

- I understand that volunteer applicants may be requested to supply references at any time.

Volunteer Status

- I understand that even with my signature on this application I am not guaranteed any volunteer hours and the determination of my status as a volunteer will be made by Carteret County Parks and Recreation staff.

Waiver and Release of Liability

- Carteret County Parks and Recreation is not responsible for any injury or loss of property to any person suffered while volunteering during County-sponsored programs, including ordinary negligence on the part of Carteret County Parks and Recreation, its agents or employees. I am voluntarily participating in the activity with the knowledge of the possible danger involved, and hereby agree to accept any and all inherent risks of property damage, personal injury and death. I have read this form and understand that with my signature I give up legal rights and/or remedies which may be available to me for ordinary negligence of Carteret County Parks and Recreation, or any of the parties listed above.

Background Check Authorization

- I understand that a background investigation will be conducted that may include, but is not limited to, a criminal background check in the files of any Federal, state or local justice agency, driving history, drug screen and reference verification.
- I authorize the County of Carteret to conduct such investigations and release the County from responsibility for this investigation.
- With my signature below I verify that I have read and understood the above and consent to these checks.

Applicant Name (Last, First, Middle) _____ Date of Birth _____

Driver's License # _____ State Issued _____ Social Security # _____

Applicant Signature

Date

***Please complete volunteer application in full, print, sign, and turn in original copy,
plus copies of driver's license and social security card to:***

Carteret County Parks & Recreation
1702 Live Oak St, Suite 300
Beaufort, NC 28516

Thank you very much for your interest in volunteering.