

## Clayton County Parks and Recreation Department Volunteer Interest Form

I hereby apply to be a volunteer for the Clayton County Parks and Recreation Department (the "Department"). I understand that if selected to be a volunteer I shall not receive any financial compensation for my time, and I am responsible for my expenses. I further understand that my services as a volunteer will not be for any specific length of time or duration.

I understand that, in order to be considered for a volunteer opportunity, I must first successfully pass a background screening process. I hereby authorize the County to receive any criminal history on file pertaining to me from any federal, state, or local criminal justice agency. I understand that other criteria will be evaluated by the County to determine my ability to carry out the duties and responsibilities related to my application to be a volunteer. I understand that, if selected to be a volunteer, it is a privilege, not a right. I further understand that, as a volunteer for the Department, I will be an ambassador for the County, and therefore I will represent myself professionally and with integrity at all times. I will adhere to the terms and conditions as set forth for the volunteer opportunity for which I am applying.

I acknowledge the risk of injury while performing volunteer services for the Department, and I knowingly assume those risks. I accept the responsibility for my participation, including transportation to and from all activities associated with my volunteer services, and I represent that I am in sufficient good health and physical condition to undertake my volunteer services.

I release, discharge, indemnify and hold harmless, to the fullest extent permitted by law, Clayton County, Georgia, the Department, and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteers, participants and agents, from any and all claims, actions or causes of action of whatever kind and nature, including claims for property damage, bodily injury or death, arising out of, or sustained as a result of, my participation as a volunteer for the Department.

I consent that my name, photograph, image, and/or likeness may be used, in perpetuity, by the Department for promotional and information purposes in print, on the County website, and in other media.

_____ PRINT FULL NAME	_____ DATE OF BIRTH	_____ EMAIL
_____ ADDRESS	_____ CITY/ STATE/ ZIP	
_____ TELEPHONE (HOME)	_____ (WORK)	_____ (CELL)
_____ EMPLOYER	_____ OCCUPATION	
_____ WORK ADDRESS		_____ CITY/ STATE/ZIP
Do you have a valid driver's license: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's License # and State: _____		
Has your license ever been revoked or restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of or plead guilty to any crime(s): <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe each in full: _____		
Do you have any special certifications? (i.e. CPR, medical, etc.): _____		
When are you available? <input type="checkbox"/> Weekday <input type="checkbox"/> Evening <input type="checkbox"/> Weekend		
In which of the following would you like to participate? (Check one or more)		
<input type="checkbox"/> Athletics <input type="checkbox"/> Community/ Special events <input type="checkbox"/> Recreation Centers		
List two persons not related to you who can verify your qualifications for this position.		
Name: _____	Name: _____	
Address: _____	Address: _____	
Telephone: _____	Telephone: _____	
_____ Signature	_____ Date	