



**FULTON COUNTY  
PLANNING AND COMMUNITY SERVICES  
PARKS AND RECREATION DIVISION  
VOLUNTEER FORM**

The mission of the Parks & Recreation Division is to provide for the public a standard of excellence in service, facilities, programs and preservation of resources while working in concert with residents and the county's leadership.

Legal Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived in this community? \_\_\_\_\_ Years \_\_\_\_\_ Months Date of Birth \_\_\_\_\_

Social Security Number (Needed to conduct background check) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Present Employer \_\_\_\_\_ Type of Work/ Title \_\_\_\_\_

Dates of Present Employment: From \_\_\_\_\_ To \_\_\_\_\_ Phone \_\_\_\_\_

Previous Employer \_\_\_\_\_ Type of Work/ Title \_\_\_\_\_

Dates of Present Employment: From \_\_\_\_\_ To \_\_\_\_\_ Phone \_\_\_\_\_

High School \_\_\_\_\_ Level Completed \_\_\_\_\_

College \_\_\_\_\_ Level Completed \_\_\_\_\_

Technical School \_\_\_\_\_ Level Completed \_\_\_\_\_

Other Training \_\_\_\_\_ Level Completed \_\_\_\_\_

Have you ever been a volunteer with Fulton County Parks & Recreation? No Yes; If yes, where?

\_\_\_\_\_

In what capacity? \_\_\_\_\_ When? \_\_\_\_\_

Why do you want to be a volunteer with Fulton County Parks & Recreation? \_\_\_\_\_

\_\_\_\_\_

Are there any special needs we should know of to help you carry out your volunteer position?

\_\_\_\_\_

Hobbies, skills and interests you are able to share: \_\_\_\_\_

Please check the areas of interest to you:

|                             |                     |                    |                |
|-----------------------------|---------------------|--------------------|----------------|
| Afterschool Program         | Senior Citizens     | Arts and Crafts    | Program        |
| Summer Day Camp             | Therapeutic Program | Marketing          | Special Events |
| Park Beautification         | Office Work         | Outdoor Activities |                |
| Coaching (Name Sport) _____ |                     | Other _____        |                |

Volunteer Experience or Organizational Membership:

Name of Organization

Length of Time with Organization

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

|   |    |     |
|---|----|-----|
| Have you ever been convicted of a criminal offense?                               | No | Yes |
| Have you ever been convicted of a crime involving bounced checks or stolen money? | No | Yes |
| Have you ever been convicted for use or sale of illegal drugs?                    | No | Yes |
| Has your driver's license ever been suspended or revoked?                         | No | Yes |
| Have you ever been convicted of child neglect or abuse?                           | No | Yes |
| Do you presently hold a valid Georgia Driver's License?                           | No | Yes |
| Do you have any pending offenses?   | No | Yes |

List two persons **not related to you** who can verify your qualifications for this position. If you have previous experience as a volunteer, give one reference from that organization.

1) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

2) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

I hereby authorize the above references to release any information relative to me which may be necessary to determine my qualifications for a volunteer position with Fulton County Parks and Recreation. I understand the reference check may also include a criminal background check. I certify that all information provided in this application is true and complete. I understand that falsification or omissions of any information may be cause for denial of appointment or dismissal if discovered at a later date.

**Waiver of Liability**

All recreational activities involve some risk of accidents or injury. Fulton County does not provide insurance, nor does it assume responsibility for such accidents or injuries. Volunteering in any program, activity, or facility, and the use of its equipment is at your own risk. Your signature below indicates your understanding and agreement with, all the terms specified above.

Signature \_\_\_\_\_ Date \_\_\_\_\_