

# FAISON PARKS AND RECREATION DEPARTMENT

## VOLUNTEER REGISTRATION FORM

184 PARK CIRCLE FAISON, NC 28341

OFFICE: 910-267-0115 FAX: 910-267-1848

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK) \_\_\_\_\_

EMAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

What is the best way to reach you? Home Cell Work Email

Please share any special training, interests, skills or related hobbies in the space provided below:

\_\_\_\_\_  
\_\_\_\_\_

### VOLUNTEER OPPORTUNITIES - Check as many as apply to your interests

- |   |   |
|---|---|
| <input type="checkbox"/> Coach                  | <input type="checkbox"/> Special Events       |
| <input type="checkbox"/> Fitness Room Attendant | <input type="checkbox"/> Ticket Taker         |
| <input type="checkbox"/> Concession Stand       | <input type="checkbox"/> Office/Clerical Work |
| <input type="checkbox"/> Park Maintenance       | <input type="checkbox"/> Facility Maintenance |

Volunteers shall not handle town funds

### When can we call on you to volunteer for the Parks and Recreation Department?

- |  |  |
|--|--|
| <input type="checkbox"/> Throughout the year     | <input type="checkbox"/> Winter Only (Nov – Feb) |
| <input type="checkbox"/> Summer Only (Mar – Oct) | <input type="checkbox"/> Other (specify) _____   |

### List days and times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b> 6am -Noon							
<b>Afternoon</b> 12 - 5:00pm							
<b>Evening</b> 5 – 9:00pm							

### IN CASE OF EMERGENCY, please call:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I hereby state that I am acting in a volunteer capacity for the Town of Faison. While serving in this role, I agree to follow the policies and procedures for the program as outlined by the Parks and Recreation Advisory Board. In accepting this volunteer position, I agree that I may be subject to a background check. I waive and release any potential claims against the Town of Faison for damages or injuries received while acting as a volunteer.

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

(If Volunteer is under the age of 18)

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_