Onslow County Parks & Recreation Department
Volunteer Application

Name: _____ Age: _____ Date of Birth: _____/_____/_____

Address: _____
Street City State Zip

Phone: (H)_____ High School: _____ Grade in School: _____

Email: _____

Would you like to be added to a volunteer distribution list? YES / NO

Programs you would like to volunteer for: _____

Are you volunteering for SAT Scholarship Hours? YES / NO # of SAT Hrs Needed: _____

Special Skills, Abilities & Interests: _____

Certifications & Expiration Dates: _____

List Two Character References: (No family members please)
Name: _____ Phone (H) _____(W) _____

Address: _____ Relationship/Occupation: _____
Street City State Zip

Name: _____ Phone (H) _____(W) _____

Address: _____ Relationship/Occupation: _____
Street City State Zip

PLEASE READ BEFORE SIGNING

I hereby give _____my permission to participate and be involved in Onslow County's Department of Recreation Volunteer Program. By this authorization, I hereby approve of the program and accept the facilities, equipment, supervision, and the instructor/coach as being satisfactory for the above-named person. I have been given the opportunity to inspect the premises and equipment and have talked with the instructor/coach or waive the right to do so. I understand the immediately prior to any activity involved in the program named herein above, I have the right to inspect the facilities or equipment and will notify the instructor or supervisor or the County of any objections to the supervision, instruction, facilities, or equipment used in connection therewith. I hereby release and hold harmless the County of Onslow, the Onslow County Parks and Recreation Department, and any of their agents or representative from and against any and all claims and liability and causes of action at law for loss, damage, or injury (including death) to person and/or property which would or could be based on the qualification of the instructor/coach or the adequacy of supervision, facilities, or equipment used in the program named above.

By signing this volunteer application, I do hereby pledge to support, cooperate and work to the best of my ability to contribute to the successful operation of the above-mentioned activity sponsored by the Onslow County Parks & Recreation Department. I pledge to follow all instructions of the Department personnel and uphold the Departmental policies, procedures, and philosophies. I fully understand and realize that my behavior and conduct while affiliated with the Department, will have a definite bearing on the program, and, therefore, pledge to abstain from any behavior or activity that would cause one to question my appropriateness to serve as a role model for youth or other county residents. I realize that if I, in any way, breach my pledge, I will be subject to dismissal as a volunteer for the Department.

_____/_____/_____

Applicant's Signature (If Under 18 yrs. Parent Must Also Sign) Date

Please Return Application to:
Onslow County Parks & Recreation Department
1244 Onslow Pines Rd. Jacksonville, NC 28540
Phone: (910) 347-5332 Fax: (910) 347-4492
anna_stanley@onslowcountync.gov