



# VOLUNTEER APPLICATION

## SECTION I – PERSONAL INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home/Other: \_\_\_\_\_

## SECTION II – EXPERIENCE/SKILLS

Previous Volunteer Experience: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Other information that will help in determining the best volunteer position: \_\_\_\_\_

If employed, does your employer offer any volunteer match incentive? Y N

## SECTION III – AVAILABILITY & VOLUNTEER ASSIGNMENT PREFERENCE

**Availability: (Please circle all that are applicable)**

Mornings (Mon-Fri)                      Weekends                      Other: \_\_\_\_\_

Afternoons (Mon – Fri)                      As Needed

Evenings (Mon – Fri)                      One time only

**Program of interest: (Please circle all that are applicable)**

Gardens    Commission/Committee

Greenways    Internship

Active Aging

Class/Program Facilitator

Special Events

Athletics

**SECTION IV – MEDICAL INFORMATION & EMERGENCY CONTACT**

Please list any medical information or history that staff should be aware of (i.e. allergies, heart condition, disabilities, etc.) \_\_\_\_\_

---

---

**Emergency Contact: (Please list two if possible)**

---

Name	Relationship	Phone
------	--------------	-------

---

Name	Relationship	Phone
------	--------------	-------

**SECTION V - BACKGROUND CHECK & REFERENCES**

**Background Check**

If you intend to work with youth or seniors please ask staff for a background check form. No volunteer will be permitted to volunteer with either population until this is completed.

**References**

Please list two (2) references, either personal or professional, that we could contact if needed.

---

Name	Relationship	Phone
------	--------------	-------

---

Name	Relationship	Phone
------	--------------	-------

**SECTION VI - WAIVER**

**Waiver**

I acknowledge that I am not covered by any medical insurance policy of the Black Mountain Recreation & Parks Department or the Town of Black Mountain. In consideration of Black Mountain Recreation & Parks and the Town of Black Mountain allowing the use of Town facilities and participation in Town sponsored or operated programs, I do release the Town, its officers, agents, or employees from all liability, demands or claims for loss, damage, or injury resulting from participation in the above named activity and do hereby give consent for emergency treatment. I further state that I have read the foregoing release and covenant not to sue, know the contents thereof and sign the same as my own free act. The undersigned also consents to the use of any photographs or videos of the participant’s activities in the above described program for promotional or informational purposes.

---

Signature

(If under 18 years of age, must be signed by a parent or guardian)

---

Date