



MECKLENBURG COUNTY  
Park and Recreation Department

**Volunteer Enrollment Form**

Volunteers under the age of 16 must be accompanied by an adult  
Volunteers must be at least 18 years old to volunteer for the Therapeutic Recreation Division  
Please fax your forms to 704-319-9556 Do not email confidential information

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position you are applying for \_\_\_\_\_ Location you are applying for \_\_\_\_\_

Contact in case of Emergency: \_\_\_\_\_

Medical Conditions we should be aware of (allergies to Bee Stings): \_\_\_\_\_

Education Background: \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

Occupation: \_\_\_\_\_

Hobbies, Interests, Skills: \_\_\_\_\_

Reason for Volunteering: \_\_\_\_\_

Is there a particular location you want to work at? \_\_\_\_\_

Would you be willing to travel over night? \_\_\_\_\_

Is there a particular population you want to work with? (Check all that apply)

Adults  Seniors  Teens  Youth  Preschool

What times are you available for volunteering? (Check all that apply)

Weekdays  Evenings  Weekends  AM Hours  PM Hours

Are you bilingual?  Yes  No If yes what languages? \_\_\_\_\_

Have you ever worked for Mecklenburg County? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where did you work? \_\_\_\_\_

Do you have any relatives who work for Mecklenburg County Park and Recreations? Yes \_\_\_ No \_\_\_ If yes, what is their name? \_\_\_\_\_

List name and number of two (2) personal references:

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

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

Please return this form to  
Lori Saylor, Volunteer Coordinator  
Lori.saylor@mecklenburgcountync.gov  
Fax: 704-319-9556



**MECKLENBURG COUNTY**  
**Park and Recreation Department**  
**Volunteer Agreement**

Please fax your forms to 704-319-9556 Do not email confidential information

**Name:** \_\_\_\_\_ (please print)

I and/or the volunteer group that I represent shall indemnify and hold harmless Mecklenburg County, its officers, employees and assigns from and against all claims, damages, losses or expenses arising out of participation as a volunteer.

I agree to conform to Mecklenburg County Park and Recreation rules and procedures to the best of my ability and agree to respect the confidential nature of information I may obtain as a volunteer for Mecklenburg County Park and Recreation Department. I understand that a criminal records check may be conducted if it is required by my volunteer placement and that references will be contacted. I also understand that Mecklenburg County Park and Recreation reserves the right to discontinue the services of any volunteer at any time.

I understand that volunteer services to Mecklenburg County are to be completed without remuneration or monetary benefit of any kind. I also understand that volunteers are responsible for their own insurance (medical, automobile, liability or any other) and are not covered in any way through County Insurance.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature if less than 18 years of age

\_\_\_\_\_  
Date

**Emergency Notification Information**

\_\_\_\_\_  
**Name**      **First**                      **Last**                      **Relationship**

\_\_\_\_\_  
**Phone**      **(Home)**                      **(Work)**

Please return this form to  
Lori Saylor, Volunteer Coordinator  
Lori.saylor@mecklenburgcountync.gov  
**Fax: 704-319-9556**



## MECKLENBURG COUNTY

### Park and Recreation Department

### Volunteer Screening Process

All applicants over the age of 18 serving in any capacity other than special events will be background checked. For this purpose, a special event volunteer is defined as a volunteer who is assisting with an event or project lasting less than one week.

The applicants must authorize this screening and provide the following information; full name, current address, date of birth, and social security number. This information will be collected solely for the purpose of determining the applicant's eligibility for acceptance into the Volunteer Program. The following screening will be completed.

- Social Security verification
- Address trace
- State and County Criminal Record check
- National Criminal History Check
- Sex Offender Registry Check

The applicant will be notified of the results in writing; these results will be reported in as eligible or ineligible only. Applicants who have been charged for any disqualifying offense or have a case pending in court will not be accepted as a volunteer until the official adjudication of the case.

#### Screening Guidelines

No applicant will be accepted as a volunteer who has been convicted of, pled guilty to or No Contest to any of the following crimes:

All Sex Offenses (Regardless of the amount of time since offense):

- Examples include but are not limited to: child molestation, rape, sexual assault, sexual battery, sodomy, prostitution, solicitation, indecent exposure

All Felony Violence (Regardless of the amount of time since offense):

- Examples include but not limited to: murder, manslaughter, aggravated assault, kidnapping, robbery, aggravated burglary

All Other Felony Offenses within the past 10 years:

- Examples include but not limited to: drug offenses, theft, embezzlement, fraud, child endangerment.

Misdemeanor – (Violent offenses within the past 7 years):

- Examples include but not limited to: simple assault, battery, domestic violence, hit and run.

Misdemeanor - Drug Offenses (within the past 7 years or multiple offenses in the past 10 years):

- Examples include but are not limited to: Simple marijuana possession, possession of drug paraphernalia.

Misdemeanor Offense (within the past 7 years that would be considered a potential danger to children, seniors, people with a disability or any other fragile population):

- Examples include but are not limited to: contributing to the delinquency of a minor, providing alcohol to a minor.

**Please fax  
the next two  
pages to**

**866-745-0360**

**APPLICANT'S DISCLOSURE & AUTHORIZATION FOR BACKGROUND SCREENING**

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: State: Zip:
Gender: * <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Address: (1)
Social Security No.*	City: State: Zip:
Driver's License No.: State:	Former Address: (2)
Date of Birth: * Place of Birth: (City, State, Country)	City: State: Zip:

**APPLICANT INFORMATION** (Please Print)

**Account Number: 101-104810**

\* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

**DISCLOSURE AND AUTHORIZATION**

NOTICE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to you which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

**APPLICANT:**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_



**Fax to 866-745-0360**



# MECKLENBURG COUNTY

## Park and Recreation Department

### BACKGROUND QUESTIONNAIRE

Please complete the following questionnaire. This information is to be used to assist Mecklenburg County Park and Recreation Department in determining my fitness and qualification for a position of trust and responsibility.

**Answering yes does not necessarily make you ineligible for a volunteer position with Mecklenburg County Park & Recreation Department. However, making a false statement or failing to provide material information will result in disqualification.**

Have you ever used illegal drugs? \_\_\_\_\_

What drugs did you use? \_\_\_\_\_

When was the last time you used? \_\_\_\_\_

Have you ever sold or provided illegal or prescription drugs to another person? \_\_\_\_\_

If so, please explain. \_\_\_\_\_

Have you ever committed a crime and did not get caught? \_\_\_\_\_

What was the crime and when was it? Please explain. \_\_\_\_\_

Have you ever had to go to court for a crime? \_\_\_\_\_

What was the crime and when was it? Please explain. \_\_\_\_\_

Have you ever been charged with or arrested for a crime? \_\_\_\_\_

Did you do it? Explain \_\_\_\_\_

What was the crime and when was it? Please explain. \_\_\_\_\_

Have you ever been convicted or found guilty of a crime? \_\_\_\_\_

What was the crime? Please explain. \_\_\_\_\_

My signature below acknowledges that I have answered the above questions truthfully and completely.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form to  
Renea Barber, HR Manager  
**Fax: 866-745-0360**