



New Bern Parks and Recreation
Volunteer Application
1307 Country Club Road
New Bern, NC 28562
Telephone: (252) 639 – 2901



Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Date of birth _____ Phone Number: _____

Email: _____

Describe previous volunteer experience, if any _____

Please check volunteer preferences:

<input type="checkbox"/> After School Tutor	<input type="checkbox"/> Score Keeper
<input type="checkbox"/> Arts & Crafts Aide	<input type="checkbox"/> Special Event Volunteer
<input type="checkbox"/> Athletic Aide	<input type="checkbox"/> Summer Camp Assistant
<input type="checkbox"/> Litter Aide	<input type="checkbox"/> Swim Instructor Aide
<input type="checkbox"/> Maintenance Aide	<input type="checkbox"/> Swimming Pool Assistant
<input type="checkbox"/> Outdoor Activities Aide	<input type="checkbox"/> Time Clock Operator
<input type="checkbox"/> Park Watch Aide	<input type="checkbox"/> Trip Facilitator
<input type="checkbox"/> Recreation Center Aide	<input type="checkbox"/> Translator
<input type="checkbox"/> Other	<input type="checkbox"/> Youth Sport Coach (Additional application required)

If accepted for a volunteer position, I hereby agree to abide by the rules and regulations set forth by the New Bern Parks and Recreation Staff. I also permit the New Bern Parks and Recreation Department to conduct an investigation of my background.

Signature

Date

If volunteer is under 18 years of age, please complete the form below:

We, the undersigned parent or guardian of _____ give him/her permission to volunteer with New Bern Parks and Recreation. In the event of a medical emergency, we authorize the Recreation Department personnel, paid or volunteer; to take our child to a doctor or the emergency room of the hospital and we agree to pay any medical charges which are incurred. The Recreation Department also has our permission to transport our child to any event or activity the Recreation Department is sponsoring in relation to his/her volunteer job.

Parent/Guardian Signature

Date

**City of New Bern Parks and Recreation
Background Check Authorization Form**

This application for Volunteer assignment must be completed in its entirety and signed in order to be considered by the City of New Bern.

I authorize the investigation of all statements in this application as may be deemed necessary by the City of New Bern, its officers or employees.

AUTHORIZATION FOR LIMITED BACKGROUND CHECK

FULL NAME: _____

ANY OTHER NAME BY WHICH YOU HAVE PREVIOUSLY BEEN KNOWN:

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

GENDER: MALE _____ FEMALE _____

CURRENT ADDRESS: _____

DRIVER'S LICENSE STATE/NUMBER: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN IF APPLICANT IS UNDER THE AGE OF 18:
_____ DATE: _____

FOR INTERNAL USE ONLY

☐ Received by: _____ Date: _____

☐ Submitted to HR Date: _____ Staff Initials: _____

☐ Approval Received from HR Date: _____ Staff Initials: _____