



**New Bern Parks & Recreation**  
**Volunteer Application**  
1620 National Avenue  
New Bern, NC 28562  
Telephone: 252 639-2901

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of birth \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_

What is the highest grade completed in school: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Check if you passed High School Equivalency \_\_\_\_\_

Describe previous volunteer experience, if any \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why would you like to volunteer? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime ? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Do you have points on your driving record? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

**Character References:**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

What is your philosophy towards recreation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please circle area of interest:

Office Assistant  
Coach  
Assistant Coach  
Children's Programs  
Special Populations Programs  
Flotilla  
Senior Games  
Special Olympics

Summer Camp Helper  
Referee/Umpire  
Score Keeper  
Senior Programs  
BEAR After School Program  
Preschool Parade (children's parade)  
Festival of Fun (children's parade)  
Other\_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Mother's Name\_\_\_\_\_ Home Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Father's Name\_\_\_\_\_ Home Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

We, the undersigned parents or guardians of \_\_\_\_\_ give him/her permission to volunteer with New Bern Parks & Recreation Department. 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.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

# VOLUNTEER RELEASE FORM

Because employees and volunteers of this agency serve the public, including a large number of children, all prospective volunteers over the age of 18 are required to pass a criminal background check prior to their final hire.

The criminal background check includes a sex offender check. These checks will be conducted at no cost to you.

The results of these background checks will be housed at Parks and Recreation Administration, under the supervision of the Administrative Assistant and results will remain confidential. Applicants are welcome to request a copy of their results.

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full name: \_\_\_\_\_ Maiden Name/Other Name: \_\_\_\_\_

Addresses you've had in the last 5 years: \_\_\_\_\_

- 1). \_\_\_\_\_
- 2). \_\_\_\_\_
- 3). \_\_\_\_\_
- 4). \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

I certify that my answers to the above are true and complete to the best of my knowledge. I understand that if any false statements are on this form, it shall be grounds for refusing hire or immediate dismissal. I hereby authorize any law enforcement agency or highway department to release requested information from my record to this agency.

\_\_\_\_\_  
Signature

Date