**Volunteer Application**

**Contact Information**

Name:  
Street Address:  
City ST ZIP Code:  
Home Phone:  
Company You Work For:  
Work Phone:  
E-Mail Address:  

**Availability**

During which hours are you available for volunteer assignments?

___ Weekday mornings  
___ Weekday afternoons  
___ Weekday evenings  
___ Weekend mornings  
___ Weekend afternoons  
___ Weekend evenings  

What hours would you like to work?  
FROM_________ (AM / PM) TO _________ (AM / PM)  

What days of the week would you like to work?  
___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Saturday  

**Interests**

Tell us in which areas you are interested in volunteering (you can check more than one):

___ Recreation Centers  
___ Aquatics  
___ Special Events  
___ Sports  
___ Parks / park cleanups  
___ Tree Plantings  
___ Howard P. Rawlings Conservatory  
___ Cyburn Arboretum  
___ Youth Development  
___ Parent Advisory Council  
___ Mentoring youth  
___ Helping people with disabilities  
___ Senior Citizens  
___ Fundraising  
___ Tutoring/Homework assistance  

Are you a parent of a Center youth?  
___ Yes  
___ No  

Area of expertise?

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**Appointments for Recreation Center volunteers only**: 410-396-7605 (Human Resources Division), 3001 East Drive (Druid Hill Park), Mon.-Fri. 9:00 a.m. - 4:00 p.m. You must call the Human Resources Office for an appointment prior to visiting the office. The last appointment of the day will be at 4:00 p.m.  

YOU MUST BRING A VALID ID (MD STATE DRIVERS LICENSE OR MD ID CARD OR A SCHOOL ID ARE ACCEPTABLE)!
<table>
<thead>
<tr>
<th>Computers</th>
<th>Subject matter expertise?</th>
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<tbody>
<tr>
<td>Field trips</td>
<td>Area of expertise?</td>
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<tr>
<td>Horticulture/gardening</td>
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<tr>
<td>Marketing/publications</td>
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<tr>
<td>Volunteer coordination</td>
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<td>Special facility/soccer arena</td>
<td>Which facility would you like to serve?</td>
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<tr>
<td>Other</td>
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**Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Attach an additional sheet if necessary.

**Previous Volunteer Experience**

Summarize your previous volunteer experience.

**Person to Notify in Case of Emergency**

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<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Relationship to You:</td>
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<tr>
<td>Street Address:</td>
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<tr>
<td>City ST ZIP Code:</td>
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<tr>
<td>Home Phone:</td>
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<td>Work Phone:</td>
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<td>E-Mail Address:</td>
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<td>Cell phone:</td>
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Do you have any health issues or medications that we should know about in an emergency?  
Yes______  No______

If yes, please identify issues and medications
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

**Background Information**

Have you ever been convicted of a felony?  
____Yes ____No

To ensure the safety of our children, the Department of Recreation and Parks requires
It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Completed Application Instructions

Thank you for completing this application form and for your interest in volunteering with us. If you are volunteering at a Recreation Center, call for an appointment at 410-396-7605 (Personnel Unit) Mon.-Fri. 9:00 a.m. - 4:00 p.m. For all other volunteers, email application to mary.hardcastle@baltimorecity.gov or drop off at Baltimore City Recreation & Parks, 3001 East Drive, Baltimore, MD 21217.

<table>
<thead>
<tr>
<th>Center/Park Director Signature</th>
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<tbody>
<tr>
<td>Center/Park/Unit Name</td>
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<tr>
<td>Date</td>
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**OFFICE USE ONLY:**

<table>
<thead>
<tr>
<th>Date Fingerprinted: ___________________________ by ___________________________</th>
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<tbody>
<tr>
<td>Cleared: ___________________________ Not Cleared ___________________________</td>
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<td>(date)</td>
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VOLUNTEER AGREEMENT/LIABILITY
WAIVER/PERMISSION

Voluntary Participation: I acknowledge that I have voluntarily applied to assist at Department of Recreation and Parks facilities or at Park owned property. I understand that as a volunteer I will not be paid for my services and I will not be eligible for any Workers Compensation benefits or medical or any other insurance coverage as part of my services.

Release:
1. In connection with, and with consideration of my participation in this project, to the fullest extent permitted by law, I hereby release and forever discharge and agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against the Baltimore City Department of Recreation and Parks or any City agencies, or their officers, directors, staff, collectively or individually, or the suppliers of any materials or equipment that is used by the project, or any of the volunteer workers, for any injury or death to me, however caused, arising from my participation in this project whether due to negligence, mistake, or other action or inaction of Baltimore City Recreation & Parks or any person or entity.

2. Knowing the potential dangers, hazards, and risks associated with any project, and with sufficient knowledge of my physical condition and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property in any way associated with my participation in the project.

3. I agree to abide by all rules/regulations applicable to participation in this project. Should I require emergency medical treatment or first aid as a result of illness or injury associated with the project or related activities, I consent to such first aid/treatment.

4. I, further, consent to the unrestricted use by Baltimore City Recreation and Parks and/or persons authorized by them, of any photographs, recordings, interviews, videos, or similar visual recording of me for outreach publicity and/or educational purposes, without limitation or compensation.

Name (please print): ____________________________________________________
Name of Legal Guardian if under 18 (please print): __________________________
Signature (or signature of guardian if under age18): ________________________
Date: __________________________________________________________________