

**Blowing Rock Parks and Recreation
Volunteer Registration Application**

Name (First, Last, MI.) _____

Date of Birth _____ SS # _____ D.L.# _____ State _____

Address _____ City/State/Zip _____

Home phone _____ Cell Phone _____ Work Phone _____
May we contact you at work? Yes ___ No ___

Occupation _____ Employer _____

In the event of an emergency contact _____ Emergency Phone _____

Please check yes or no:

Have you ever been convicted of a criminal offense? Yes ___ No ___

Have you ever been charged w/ neglect, abuse, or assault? Yes ___ No ___

Do you have prior experience coaching youth sports? Yes ___ No ___

If yes, please explain: _____

Please give two references that are not related to you:

1. _____ Phone _____

2. _____ Phone _____

Authorization to Obtain Information

- Some of the information I have provided may be verified, and I give permission to Blowing Rock Parks and Recreation to check my references and to make inquiry of others including, without limitation, my employer concerning my background and suitability to act as a BRP&R volunteer.

Signature _____ Date _____

Please read before signing

I understand the following:

- In the course of volunteering for BRP&R, I may be dealing with confidential information, and I agree to keep said information in the strictest confidence.
- The relationship between BRP&R and volunteers is an "at will" arrangement, and may be terminated at any time without cause by either the volunteer or BRP&R.
- I acknowledge that I have not been charged and/or convicted of sexual or physical abuse.
- I grant permission to use my likeness, voice, and words in television, radio, film, or in any form to promote activities of BRP&R.
- I hereby agree to release, discharge, and hold harmless BRP&R, its staff, agents, sponsors and the Town of Blowing Rock of and from all causes, liabilities, damages, claims or demands on account of any injury or accident arising out of my attendance and participation as a volunteer in BRP&R.
- I acknowledge that I am in good physical condition and that I am unaware of any existing medical condition(s) which would prevent me from participating as a volunteer with BRP&R.

I affirm that I have read the above and that the information I have given is true and complete.

Signature _____ Date _____

Printed Name _____