



SANDY SPRINGS
 GEORGIA
 Recreation and Parks Department
VOLUNTEER INTEREST FORM

Legal Name: _____ **DOB:** _____
Address: _____
City, State, Zip: _____
Telephone (h): _____ **(w):** _____ **(c):** _____
Email: _____
Emergency Contact: _____ **Phone:** _____
Relationship: _____
Present Employer: _____ **Type of Work/Title** _____
Dates of Employment: From: _____ To: _____
Previous Employer: _____ **Type of Work/Title** _____
Dates of Employment From: _____ To: _____
High School Attended: _____ **Level of Completion:** _____
College Attended: _____ **Level of Completion:** _____
Technical School: _____ **Level of Completion** _____
Other Training _____ **Level of Completion** _____

Please check the areas of interest to you:

- Special Events
- Youth Athletics - soccer, basketball, gymnastics, other _____
- Adult Athletics - basketball, volleyball, soccer, flag football, other _____
- Administration and Communication
- Park Beautification
- Anywhere you need me!
- Other _____

Hobbies, skills, personal interests you are able to share: _____

I am available (please check all that apply):

- Mornings
 Afternoons
 Evenings
 Weekdays
 Weekends

How long have you lived in the Sandy Springs community? _____
 Social Security Number (needed to conduct background check): _____

Volunteer Experience or Organizational Membership:	<u>Name of Organization</u>	<u>Length of Time with Organization</u>
1)	_____	_____
2)	_____	_____

Why do you want to be a volunteer in the Sandy Springs Recreation and Parks Department? _____

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



Have you ever been convicted of a crime involving bounced checks or stolen money? No Yes
 Have you ever been convicted for use or sale of illegal drugs? No Yes
 Has your driver's license ever been revoked? No Yes
 Have you ever been convicted of child neglect or abuse? No Yes
 Do you presently hold a valid Georgia driver's license? No Yes
 Do you have any pending offenses? No Yes
 Are there any special needs we should know of to help you carry out your volunteer position? _____

List two (2) persons not related to you who can verify your qualifications for this position. If you have experience, give one from that organization:

Name: _____	Relationship	_____
Address: _____	City, State, Zip	_____
Telephone (h): _____	(w)	_____
(c): _____	Years known:	_____
Name: _____	Relationship	_____
Address: _____	City, State, Zip	_____
Telephone (h): _____	(w) _____	(c): _____
(c): _____	Years known:	_____

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT BY SIGNING THIS RELEASE YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

Volunteering in any program, activity or facility, and the use of its equipment is at your own risk. You also acknowledge by signing below that you waive any right towards any legal claim regarding any incident. I am aware that all recreational activities involve some risk of accidents and injury. I am also aware that these activities involve inherent risks, dangers and hazards. I freely assume and fully accept all such risks, dangers, and hazards and the possibility of personal injury, death, property damage, or loss resulting therefrom. In consideration of City of Sandy Springs and its agent(s) or subcontractor(s) (including Jacobs Engineering Group) permitting my participation in the activities, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I may have against City of Sandy Springs and its agent(s) or subcontractor(s) (including Jacobs Engineering Group and all their directors, officers, employees, agents, and representatives) (all of whom are hereinafter referred to as the RELEASEES);
2. TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY for any loss, damage, injury or expense that myself may suffer as a result of participation in, activities in or associated with the Recreation and Parks Department due to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES;
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in activities in or associated with the Recreation and Parks Department,
4. That this release of liability shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns in the event of my death.

I HAVE READ AND UNDERSTAND THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING IT, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I MAY HAVE AGAINST RELEASEES.

Signature: _____ Date: _____

I hereby authorize the above references to release any information relative to me which may be necessary to determine my qualifications for a volunteer position with the Sandy Springs Recreation and Parks Department. I understand the reference check may also include a criminal background check. I certify that all information provided in this application is true and complete. I understand that falsification or omissions of any information may be cause for denial of appointment or dismissal if discovered at a later time.

Signature: _____ Date: _____
 Requested By (Staff): _____ Date: _____