

Stafford County Dept. of Parks, Recreation, and Community Facilities

VOLUNTEER STATEMENT OF ACCOUNTABILITY

I _____, choose to participate as a member of the Parks Recreation & Community Facilities Volunteer Team. As a PRCF Team Member, I understand that my volunteer services require me to work by myself, with other volunteers, and with salaried staff members to provide assistance in the Parks, Recreation and Community Facilities Department (PRCF). As a member of the team, I am happy to comply with the following:

- 1. I agree to provide PRCF with the information necessary for them to complete any necessary records checks. (Background Check, DMV Driving Record, etc.)
2. I agree to provide _____ hours of service ___ weekly ___ monthly (check one) for at least one year from the date of my training, unless health or family emergencies prevent my service.
3. I understand that I cannot release confidential information that I may learn while on the job to anyone for any reason. I agree that files I may be using are not to be used for my own personal investigative motives. I further understand that failure to maintain confidentiality may result in my dismissal or in a legal suit.
4. I understand that no promise of salaried employment, special training, or monetary reward is made to any volunteer.
5. I understand that I must attend and satisfactorily complete all training courses/programs for each piece of equipment that I may operate. I further understand that failure to follow all equipment procedures, especially safety procedures, and failure to wear appropriate personal protective equipment (PPE) may result in my dismissal or in legal suit.
6. I understand that if I desire to maintain athletic fields, I will receive training and instruction on the proper techniques for preparing and maintaining fields. I further understand that failure to follow these procedures may result in my dismissal.
7. I promise to report all accidents and broken or damaged equipment immediately.
8. I understand that I will be required to wear appropriate work attire for the job I will be assigned.
9. I promise to notify my team leader, PRCF volunteer coordinator, or the Coordinator in the Citizens Assistance and Volunteer Services Office if I am unable to attend required training programs, meetings, or scheduled volunteer work shifts.
10. I agree to release, discharge, indemnify, and hold Stafford County and PRCF harmless for any and all personal injury or property damage while performing my volunteer services for PRCF in a voluntary capacity

Having read carefully all of the foregoing, I do agree to these terms and conditions this _____ day of _____, 20_____.

Signature of Volunteer

Printed Name

OFFICE USE ONLY Interview date _____ By _____ Assigned to _____
Attach: ___ Orientation Checklist
___ Equipment Training Schedule & Completion Dates
___ Field Prep Training Schedule & Completion Dates