



# Stafford County Parks, Recreation and Community Facilities

1300 COURTHOUSE ROAD  
 P.O. BOX 339  
 STAFFORD, VA 22554  
 (540) 658-4516

**VOLUNTEER APPLICATION**  
 Certain positions with the PRCF or those working with children may require an additional criminal records background check application.

**NAME** \_\_\_\_\_ **SALUTATION**  Mr.  Mrs.  
 \_\_\_\_\_  Ms.  Dr.  
FIRST MI LAST PREFERRED NAME

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
HOME WORK / CELL

**E-MAIL** \_\_\_\_\_

**COUNTY** \_\_\_\_\_ **Are you over 18?**  Yes  No

**EMERGENCY CONTACT: NAME** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
HOME CELL WORK

<p><b>PREFERENCES: (Check All That Apply)</b></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p><b>WHO WOULD YOU LIKE TO SERVE?</b></p> <p><input type="checkbox"/> Youth</p> <p><input type="checkbox"/> Adult</p> <p><input type="checkbox"/> Seniors</p> <p><input type="checkbox"/> General Public</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p><b>WHERE WOULD YOU LIKE TO SERVE?</b></p> <p><input type="checkbox"/> Parks</p> <p><input type="checkbox"/> Office Building</p> <p><input type="checkbox"/> Special Events</p> <p><input type="checkbox"/> Other _____</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p align="center"><b>What type of skills do you have?</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Weed Eaters</td> <td><input type="checkbox"/> Event Planning</td> </tr> <tr> <td><input type="checkbox"/> Leaf Blowers</td> <td><input type="checkbox"/> Food Prep/Service</td> </tr> 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**OTHER INFORMATION:** Is there any other information you would like us to know that would help make your volunteer experience more enjoyable and comfortable? \_\_\_\_\_

**Are you currently or have you ever been previously employed with Stafford County?**  No  Yes **If yes, in what capacity?** \_\_\_\_\_

I certify that the information provided on this form is correct to the best of my knowledge. \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I understand that all volunteer positions will require an interview. \_\_\_\_\_ **Parent's Signature (if applicant is a minor)** \_\_\_\_\_ **Date** \_\_\_\_\_



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**WHAT WOULD YOU LIKE TO DO?**

Please mark all that apply.

- Special Events**
- Face Painting
  - Assist Special Needs
  - Photography
  - Other

- Senior Program**
- Brunch
  - Arts & Crafts

- Gymnastics Division**

- Aquatics Division**

- Sports Division**
- Scorekeeper
  - Sports Programs
  - Player Drafts
  - Equipment Checkout/In
  - Coach

- Park Maintenance**
- Mowing
  - Edging/Weed Eating
  - Landscaping
  - Graffiti Removal
  - Empty trash/recyclables

- Ball Fields**
- Dragging Infields
  - Raking Infields
  - Edging
  - Water Removal

- Park Attendant**
- Close/Open Parks
  - Clean Shelters
  - Clean Bathrooms
  - Lock/unlock gates
  - Turn on/off lights
  - Sign-in teams/patrons

- Trails**
- Mark Trail Routes
  - Clean/Maintain

- Clerical**
- Filing
  - Reception/Telephone
  - Word Processing

- Community Rec**
- Youth Programs
  - Teen Programs
  - Instructional Classes

- Rectangular Fields**
- Moving Goals
  - Blanket Installation
  - Blanket Removal

**MEDICAL INFORMATION UPDATE:**

Please list known allergies: \_\_\_\_\_

Medical/rescue personnel may want to know this about me: \_\_\_\_\_

Medication I carry with me: \_\_\_\_\_

Look for my medicine here: \_\_\_\_\_

Other information I wish to share with the Stafford County PRCF: \_\_\_\_\_

References & phone numbers

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**OFFICE USE ONLY:**

Received On: \_\_\_\_\_  
 Submitted to Division \_\_\_\_\_  
 Training Dates: \_\_\_\_\_  
 Ready to Work: \_\_\_\_\_  
 Volunteer Notified?  Scheduled?



# STAFFORD

Parks, Recreation & 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 my volunteer service, in the area in which I have requested, may require me to complete attritional training or receive additional instruction before I may assist.
6. I understand that I will be required to follow all safety procedures and to wear appropriate personal protective equipment (PPE) if applicable.
7. I understand that I must attend and satisfactorily complete all training, courses, and programs for the volunteer services in which I have requested to participate and 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.
8. I understand that it may be necessary for me to acquire additional skills and training based on the volunteer service area in which I have requested to participate. I further understand that failure to implement these techniques and procedures may result in my dismissal.

9. I promise to report all accidents and broken or damaged equipment immediately.
10. I understand that I will be required to wear appropriate work attire for the job I will be assigned.
11. 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.
12. I understand that I shall promptly report to the Department any known violations of the Virginia Code, Stafford County Code, or the County's Anti-Harassment and Discrimination Policy, which shall include, but not limited to, sexual harassment, sexual assault, sexual exploitation, intimate violence and stalking, that involve a participant, vendor, Department staff, or other volunteer that is in connection with a Department sponsored activity or event. For purpose of this section, a "known violation" or an allegation of a violation of that the volunteer is aware of or as reasonable cause to believe is taking place of may have taken place.
13. WAIVER FOR VOLUNTEER: By signing this form I desire, consent and voluntarily choose to allow the individual named herein to take part in all activities. Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries and death is a possibility, I assume all the risks normally incident to the nature of the activities and agree that neither SCPRCF nor the County of Stafford, Virginia will be damages or injuries resulting to me

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 Date
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BACKGROUND SCREENING SOLUTIONS

Background Consent/Release Form

Organization: Stafford County Parks, Recreation & Community Facilities

**Applicant's Legal Name: (PRINTED)**

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**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Applicant's Address**

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**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 States Sex Offender Registry Checks
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer assignment with this Organization.

**Printed Name:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Email:**

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For office use: **Staff:** \_\_\_\_\_ **Date of request inputted:** \_\_\_\_\_ **Date of results:** \_\_\_\_\_