

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)!**

Volunteer Application



BALTIMORE CITY
RECREATION & PARKS

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

Weekend mornings

Weekday afternoons

Weekend afternoons

Weekday evenings

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

Which recreation center(s)?

Aquatics

Which location?

Special Events

Where?

Sports

Which special events interest you?

Parks / park cleanups

Which sports?

Tree Plantings

Which park?

Howard P. Rawlings Conservatory

Where?

Cylburn Arboretum

Which park(s)?

Youth Development

Parent Advisory Council

Mentoring youth

Are you a parent of a Center youth? Yes No

Helping people with disabilities

Senior Citizens

Fundraising

Tutoring/Homework assistance

Area of expertise?

- Computers
- Field trips
- Horticulture/gardening
- Marketing/publications
- Volunteer coordination
- Special facility/soccer arena
- Other

Subject matter expertise?

Area of expertise?

Which facility would you like to serve?

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

Name:	
Relationship to You:	
Street Address:	
City ST ZIP Code:	
Home Phone:	
Work Phone:	
E-Mail Address:	
Cell phone:	

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	

that all volunteers and staff who work directly with youth must be fingerprinted and undergo a background check with the Maryland State Police.	
Do you consent to do this?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Agreement and Signatures

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Volunteer Name (printed)	
Birth Date	
Signature	
Today's Date	
Parent Signature if Junior Volunteer (age 14 or under)	

References

One personal and one professional reference are required in order to be considered for a volunteer position with Baltimore City Recreation and Parks.

Name:	
Relationship:	
Phone Number:	
Email Address:	

Name:	
Relationship:	
Phone Number:	
Email Address:	

Our Policy

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 bcrp.volunteers@baltimorecity.gov or drop off at Baltimore City Recreation & Parks, 3001 East Drive, Baltimore, MD 21217.

Center/Park Director Signature	
Center/Park/Unit Name	
Date	

OFFICE USE ONLY:	
Date Fingerprinted: _____	by _____
Cleared: _____	Not Cleared _____
(date)	(date)

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: _____

