



Department of Parks, Recreation and Community Services

Volunteer Application

Applicant Information									
Full Name:							Date of Birth (if under 18)	/ /	
Last			First			M.I.			
Address:									
Street Address						Apartment/Unit #			
City						State		ZIP Code	
Phone:	()	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	Phone:	()	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work
Preferred Method of Communication:		<input type="checkbox"/> Email		<input type="checkbox"/> Phone		<input type="checkbox"/> Mail		<input type="checkbox"/> No Preference	
E-mail Address									
Have you been convicted of a felony or misdemeanor other than a minor traffic violation?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, does the criminal conviction involve a barrier crime as defined by the Code of Virginia 63.2-1726?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you fulfilling court appointed community service hours? If yes, how many do you need to complete and by what date ?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
Interest									
What attracted you to PRCS? What aspect of our work motivates you to seek to volunteer here?									
What have you enjoyed most about your previous volunteer work? About previous paid employment?									
Area of Interest: (select all that apply) Refer to www.loudoun.gov/prcsfacilities <input type="checkbox"/> Adaptive Recreation – Volunteers assist with Special Olympics events, Camps, Trips and other recreation programs for people with disabilities. <input type="checkbox"/> Cultural & Historical – Volunteers assist with tours, education classes, historical research and performances. <input type="checkbox"/> Community Centers – Volunteers assist with youth & adult programs, special events and special/ongoing projects. <input type="checkbox"/> Parks and Trails – Volunteers assist with trail maintenance, general litter/trash pickup, lead and assist with nature programs, and assist the Naturalist. <input type="checkbox"/> Programs & Services – Volunteers drive for Home Delivered Meals Program, counsel for the Tax or Medicare Program, assist with one day events, and lead youth after school programs. Also, volunteers serve in leadership roles on advisory councils. <input type="checkbox"/> Senior & Adult Day Centers – Volunteers assist with social, wellness, fitness and educational activities of active older adults or participants with memory loss or physical limitations. <input type="checkbox"/> Sports – Volunteers coach youth & adult leagues, assist with tournaments and outdoor sports such as football, soccer, fastpitch, frisbee, kickball, softball and more.					Ages of Interest: (select all that apply) <input type="checkbox"/> Preschool (less than 6) <input type="checkbox"/> Elementary (6 to 12) <input type="checkbox"/> Teenager (13 to 19) <input type="checkbox"/> Young Adult (20 to 34) <input type="checkbox"/> Adult (35 to 55) <input type="checkbox"/> Older Adult (55 or older) Availability: (select all that apply) <input type="checkbox"/> Weekday mornings <input type="checkbox"/> Weekday afternoon <input type="checkbox"/> Weekday evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Special Events <input type="checkbox"/> Special Projects				

Emergency Contact & Information

Full Name:		Relationship:	
Phone:		Alternative Phone	()
Address:			
Full Name:		Relationship:	
Phone:		Alternative Phone	()
Address:			
Any medical conditions PRCS needs to be aware of? If yes, please describe.			<div style="display: flex; justify-content: space-around;"> <div>YES <input type="checkbox"/></div> <div>NO <input type="checkbox"/></div> </div>

References

Please list three volunteer or professional references that are not related to you. Please write your name on each reference form that will be provided to you and mail/ email/ fax one to each reference.

Full Name:		Phone:	
Relationship		How long have you know this person?	year(s) months
Full Name:		Phone:	()
Relationship		How long have you know this person?	year(s) months
Full Name:		Phone:	()
Relationship		How long have you know this person?	year(s) months
Full Name:		Phone:	()
Relationship		How long have you know this person?	year(s) months

Disclaimer and Signature

I certify that the statements made in this Volunteer Application are true, correct, and given voluntarily. I understand that the Loudoun County Department of Parks, Recreation and Community Services reserves the right to screen volunteers and the Department will not accept as a volunteer anyone who would jeopardize any aspect of service or safety of PRCS customers and staff. I understand that if I am unable to show up for a scheduled time for any reason, I am to notify my supervisor as soon as possible. I understand that if I miss my scheduled date and time of service without prior notification, my volunteer opportunity may be terminated by the supervisor. I understand that I will not be paid for my services as a volunteer, and I give my time freely to the department/division to which I am assigned. I will also not abuse any information, materials, or hardware I may use or obtain while volunteering.

Signature		Date:
Parent's Signature <small>(Required for 12 to under 18 years old)</small>		Date:
Office Use: Volunteer Application Process Signature of PRCS Staff <small>Updated April 2012</small>		Interviewed _____ Sent Copy of Application & 3 reference forms to MSC 78A _____ Entered Risk Management database _____

