

# Kent County Parks and Recreation Volunteer Acknowledgement and Agreement Form

*Must Complete Entire Form*

Last Name	First Name	Middle Name	Date of Birth
Mailing Address		City	State Zip Code
Phone Numbers Home: _____		Work: _____	Cell: _____ Other: _____
Program and Location Interested In:		Today's Date:	

Best time to contact you is: \_\_\_\_\_: \_\_\_\_\_ am/pm

Have you ever been employed with us before? .....  Yes       No

If Yes, give date: \_\_\_\_\_

Do any of your friends or relatives work here? .....  Yes       No

If Yes, whom: \_\_\_\_\_

Date available to begin volunteering: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

When are you available? (Please check all that apply)

Mornings       Afternoons       Evenings  
 Weekends       Special Events       Other (please explain): \_\_\_\_\_

Where would you like to apply your volunteer time? (Please check all that apply)

Children/Youth       Teenagers       Seniors  
 Individuals with Disabilities       Sports       Special Events  
 Trips       Outdoor Recreation

## Education

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Received
Elementary School				
Middle School				
High School				
College				
Other				

If you are currently employed please complete the following:

Name of Employer: \_\_\_\_\_

Position: \_\_\_\_\_  Part Time     Full Time

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Describe any specialized training, interests, and extra-curricular activities:

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What previous volunteer experience do you have?

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What other qualifications and additional information you feel may be helpful:

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Character References (not related to you):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

In Case of Emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

**Disclosure Affidavit**

Kent County Parks and Recreation screens prospective employees and volunteers to evaluate whether an applicant poses a risk of harm to children, youth, elderly, and others served by KCPR. Information obtained is not an automatic bar to employment or volunteer work, but is considered in view of all relevant circumstances. This disclosure is required to be completed, any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification.

Must check "yes" if you have ever been convicted of, pleaded guilty to, pleaded nolo contendere or no contest to, admitted, had any license, certificate, or employment suspended, revoked, terminated, or adversely affected because of, been diagnosed as having or treated for any mental or emotional condition arising from, or resigned under threat of termination of employment or volunteer work for any of the following:

Yes	No	
_____	_____	Any felony
_____	_____	Rape or other sexual assault
_____	_____	Drug or alcohol related offenses
_____	_____	Abuse of a minor or child (physical or sexual)
_____	_____	Incest
_____	_____	Kidnapping, false imprisonment, or abduction
_____	_____	Sexual harassment
_____	_____	Lewdness or indecent exposure

_____	_____	Assault, battery, or other offense
_____	_____	Endangerment
_____	_____	Any misdemeanor involving a minor
_____	_____	Been accused of any of the above

If you have answered “yes” to any of the above please explain.  
 If none, write “none”.

Description

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As a Kent County volunteer the lasting impression you make on those you serve reflects directly on all of us. Please be sure your work and deeds will help build our program and its reputation for quality. In dealing with the public, you must be unfailingly polite and mannerly. It is not your role or responsibility to handle unhappy citizens. Should you find yourself in a situation where courtesy is becoming difficult, please immediately refer the matter to the nearest responsible County employee.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for refusal of volunteer services.

I understand that as a volunteer, authorized by Kent County Parks and Recreation (KCPR), I am afforded liability protection with respect to damages to third parties to the same extent as County employees, as long as I am acting within the scope of my duties as a volunteer. I will notify a County employee if I have a safety concern and report to my supervisor immediately if myself or someone else is injured.

By signing this agreement I understand that I have freely offered, on a voluntary basis, my services in connection with activities being conducted by the KCPR Department. I specifically acknowledge that I am a volunteer and not an employee or subcontractor of KCPR. I further acknowledge that certain dangers and risks are inherent in connection with the contemplated volunteer services including, but not limited to, cuts, scrapes, contraction of infection or disease and other injury. I, hereby, release, and forever discharge KCPR, and its officials, employees, sponsors, board members, and County Government Officials from any and all claims, demands, or causes of action heretofore or hereafter arising or relating to my involvement in connection with or any damage or injury that may occur in connection with my providing volunteer services to KCPR.

\_\_\_\_\_  
 Signature of Volunteer

\_\_\_\_\_  
 Date

***A parent or guardian must sign this form if the volunteer named above is under 18 years of age.***

\_\_\_\_\_  
 Parent or Guardian Signature

\_\_\_\_\_  
 Date

**Kent County Parks and Recreation**  
**Release Concerning Background Investigation in Connection**  
**with Employment and Volunteer Application**

To Whom It May Concern:

I have completed and submitted an employment or volunteer application with Kent County Parks and Recreation. I certify that all statements contained in that application are true and complete, and I understand that any misrepresentation or omission in that application may be cause for my non-selection or termination.

I hereby authorize Kent County Parks and Recreation, its officers, and/or its employees to conduct an investigation into my background. I understand this investigation may solicit information from and include contact with the character references list on my application, as well as former employers and co-workers, scholastic institutions, police agencies, financial institutions, neighbors, friends and relatives, and medical and psychiatric/psychological providers, whether listed on my application or not.

I hereby waive any claims that I might have against Kent County Parks and Recreation, its officers, and/or its employees arising from Kent County Parks and Recreation's requests for information concerning my employment or volunteer application or from its receipt of such information and dissemination of the information in connection with Kent County Parks and Recreation's consideration of my employment or volunteer application. I further release and agree to hold harmless and indemnify Kent County Parks and Recreation, its officers, and its employees against any claims that third parties should make against Kent County Parks and Recreation, its officers, and/or its employees based on Kent County Parks and Recreation's request for information on my background or its receipt of such information from other individuals or agencies.

I understand the purpose of this inquiry is to help determine my eligibility for a position with Kent County Parks and Recreation, and I request and authorize any and all of my former employers, scholastic institutions, police agencies, financial institutions, credit bureaus, neighbors, friends, relatives, or other persons to furnish Kent County Parks and Recreation any and all information concerning me. I hereby release and agree to hold harmless any and all such persons or organizations from any liability or damage which may be incurred as a result of furnishing to Kent County Parks and Recreation the information requested by Kent County Parks and Recreation in regard to my employment or volunteer application. A photocopy of this release may be used for the purposes set forth herein.

Print Full Name: \_\_\_\_\_  
Last, First, and Middle Initial

Present Address: \_\_\_\_\_  
Street Address and Apt. No.

\_\_\_\_\_  
City, State, and Zip Code

Date of Birth: \_\_\_\_\_  
Month, Day, and Year

Social Security Number: \_\_\_\_\_

(Note: Date of Birth and Social Security Number information will be used for the sole purpose of verifying your identity in connection with the background investigation.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Kent County Parks and Recreation**  
**Indemnification and Release Agreement-Authorized Volunteer**

- A. In consideration for being permitted to perform the below-described activities, the undersigned Volunteer (referred to herein as “Volunteer”), agrees to indemnify and hold harmless Kent County Parks and Recreation, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, on account of injury, loss, or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any manner connected with the below-described activities, if such injury, loss, or damage is caused in whole or in part by, or is claimed to be caused in whole or in part by, the act, omission, negligence, or other fault on the part of the Volunteer. This indemnification and hold-harmless obligation shall not extend to any acts or omissions for which Kent County Parks and Recreation has indemnification obligations to the Volunteer pursuant to the Governmental Immunity Act, C.R.S. § 24-10-101 et seq.
- B. Volunteer understands that the below-described activities may involve risks of injury, loss or damage to Volunteer, including but not limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage. By signing this agreement, Volunteer expressly agrees to assume any and all such risks. In addition, in consideration for being permitted to perform the below –described activities, Volunteer hereby expressly exempts and releases Kent County Parks and Recreation, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, on account of injury, loss, or damage to Volunteer, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, or property loss or damage, that Volunteer may incur as a result of being upon the premises of Kent County Parks and Recreation or as a result of performing the below-described activities, whether any such liability, claims, and demands result from the act, omission, negligence, or other fault on the part of Kent County Parks and Recreation, its officers, or its employees, or from any other cause whatsoever.
- C. Volunteer further certifies that he/she has taken all necessary precautions to be certain that he/she is in proper condition, and states that he/she is in proper condition, to participate in the below-described activities.
- D. Volunteer further certifies that he/she has health insurances, as described below:
- E. Health Insurance Company: \_\_\_\_\_
- F. Description of activities to authorized to be performed (to be completed by Kent County Parks and Recreation or attach Description of Responsibility):  
\_\_\_\_\_  
\_\_\_\_\_
- G. Kent County Parks and Recreation employee responsible for supervision of volunteer (to be completed by Kent County Parks and Recreation):  
\_\_\_\_\_
- H. Period during which activities are to be performed (to be completed by Kent County Parks and Recreation):  
\_\_\_\_\_

I. In case of emergency, contact (to be completed by Volunteer):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the Volunteer whose name and signature appear below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Volunteer

\_\_\_\_\_  
Address of Volunteer

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Phone Number of Volunteer

\_\_\_\_\_  
Email Address of Volunteer