



COUNTY COMMISSIONERS OF KENT COUNTY, MARYLAND
DEPARTMENT OF PARKS & RECREATION



RETURN ORIGINAL SIGNED VOLUNTEER APPLICATION PACKET TO:

Mail:
Kent County Parks and Recreation
P.O. Box 67
Worton, MD 21678

In Person:
Kent County Community Center
11041 Worton Rd.
Worton, MD 21678

Important Notice to Volunteer Applicants

Dear Volunteer Applicant,

Thank you for your interest in volunteering with the County Commissioners of Kent County, Maryland Department of Parks and Recreation. Attached for your completion is the Kent County Parks and Recreation (KCPR) Volunteer Employment Packet. As a condition of volunteer service, the packet must be fully completed and must also include a signed Volunteer Acknowledgement and Agreement Form and a notarized Maryland Child Protective Services Background Clearance Request Form.

Additionally, *for applicants who are at least 16 years of age, or who will be at least 16 years of age when service would begin, your consent is required for a search of the State of Maryland Child Protective Services (CPS) Centralized Confidential Database **applicants under 16 years of age require parent/guardian consent to the search in addition to the minor applicant's signature***. The Consent for Release of Information form **must be completed online** by visiting the Maryland Department of Human Resources website. Detailed **instructions on how to access and complete this form are outlined on the next page**. Once the form is completed online, the form must be **printed (DO Not Sign) and signed in the presence of a Notary Public**. The form is considered a part of the Kent County Volunteer Employment Application Packet and must be submitted at the time of the application submission.

Lastly, background searches of the Maryland Judiciary Case Search database, as well as the State of Maryland and Federal Bureau of Investigation Child Sex Offender Registries will also be conducted. As the information found within each of these databases is public record, your consent is not necessary to perform these searches.

Thank you for your interest in volunteering with Kent County's Department of Parks and Recreation. We look forward to receiving your application and background search consent form(s).

Sincerely,

Jill Coleman

Jill Coleman, M.Ed.
Director

Special Note for Youth Sport Program Volunteers/Coaches: If you are applying to volunteer as a youth sport program volunteer or coach, you are also required to submit to a background search through Protect Youth Sports. This search requires completion of the attached Protect Youth Sports Background Check Authorization. **If you are not applying as a youth sport program volunteer or coach, please do not complete this additional form.**

COUNTY COMMISSIONERS OF KENT COUNTY, MD DEPARTMENT OF PARKS & RECREATION
State of Maryland Child Protective Services Program
Consent for Release of Information CPS Background Clearance Request
Adam Walsh Background Clearance Request Instructions

****The form must be completed online AND printed before signing in the presence of a Notary****

IMPORTANT NOTE:

WE HIGHLY **ENCOURAGE YOU TO COMPLETE THIS REQUIREMENT ON SITE** AT THE COMMUNITY CENTER IN WORTON. WE WILL NOTARIZE THE FORM FOR YOU AND WE DO NOT CHARGE A FEE FOR THE SERVICE OR TO PRINT THE FORM.

PLEASE CALL 410-778-1948 IN ADVANCE TO SCHEDULE AN APPOINTMENT TO ENSURE OUR NOTARY IS ONSITE.

APPOINTMENTS ARE GENERALLY AVAILABLE FROM 8:30 am - 4:30 pm, Monday through Friday.

1. Access the DHR website at <http://dhr.maryland.gov/>
2. Click the children link
 - **If applying for a Summer Camp Position or a childcare related position:** On the next page under Request a Background Clearance, **click Youth/Summer Camp**
 - i. Although the directions say otherwise, please do not complete this yourself. KCPR staff will take care of this portion of your application, as if you have worked for us in a summer camp/child care position last year, your account is already created.
 - ii. If you did not work for us in a summer camp/child care position, we will notarize your form on site at our office and take care of creating your account and submitting the form.
 - **If applying for any other position:** On the next page under Request a Background Clearance, **click Other Individuals**
 - i. Click on the Fillable PDF Form: [Child Protective Services Background Clearance Form \(DHR/SSA 1279A\)](#)
 - ii. Please follow the instructions below and not the instructions below the link for the PDF form – The form must be submitted with your employment application and not sent to the address in the DHR instructions
3. **Complete Part I-A** Only if you would like to have the results of the search sent to you
4. **Complete Part I-B**
 - Select “Other” and type: **County Commissioners of Kent County, Parks and Recreation**
 - Under Agency/Individual Name type: **Kent County Parks and Recreation**
 - Under Name of Agency Representative type: **Sandy Adams**
 - Under Agency’s Address type: **11041 Worton Rd, P.O. Box 67, Worton, MD 21678**
 - Under Representative’s Phone Number type: **410-778-1948**
 - Under Representative’s Email type: **sadams@kentgov.org**
5. **Complete Part II** in its entirety as applicable to the person being searched; If a section is not applicable to the person being searched, leave the section blank
 - Don’t forget to answer the “yes or no” questions about living and volunteering in Maryland in the past; If you answer yes to either question you must also indicate the year (example: 1985-2017)
6. **Fully Read Part III** (If the applicant/person being searched is at least 16 years of age, or will be at least 16 years of age when service begins, the applicant/person being searched must read this section; **If the person being searched is under 16 years of age, a parent/guardian must read this section**)
7. **Print the form** (only after reviewing that all sections are complete)
8. **Complete Part IV in the presence of a Notary Public**; If the applicant/person being searched is at least 16 years of age, or will be at least 16 years of age when service will begin, the applicant/person being searched must complete this section; **If the applicant/person being searched is under 16 years of age, the applicant and a parent/guardian must complete this section which requires both the applicant and parent/guardian signatures and printed names**
 - In addition to signing and dating the form, please also clearly print the name of the person who signs the form (print two names if applicant/person being searched is under 16 years of age)
 - KCPR has a Notary Public on staff that is available by appointment only (please call 410-778-1948) to notarize the form at no cost to you; however, you are free to have the form notarized elsewhere at your own cost. We strongly encourage having the form notarized at KCPR to ensure the form is completed properly and in its entirety. **Incomplete or illegible forms will not be accepted and will result in a delay of processing your application.**
9. **Part V must be completed by a Notary Public** as the final step in completing the form
10. **Submit the notarized form and your application directly to Kent County Parks and Recreation** (by mail to the address on the application or in person at the Kent County Community Center located in Worton, MD)

PLEASE NOTE: With the exception of Parts IV and V of the form, ALL sections of the form must be type written, otherwise the form will not be accepted and will be returned for improper completion which will result in delaying the processing of your application.

11041 Worton Road * P.O. Box 67 * Worton, MD 21678 * 410-778-1948 * info@KentParksAndRec.org
KentParksAndRec.org * [Facebook.com/KentCountyCommunityCenter](https://www.facebook.com/KentCountyCommunityCenter) * [Facebook.com/KentParksAndRecMD](https://www.facebook.com/KentParksAndRecMD)

02/03/2022

County Commissioners of Kent County, MD * Department of Parks & Recreation

11041 Worton Rd., P.O. Box 67, Worton, MD 21678 * info@KentParksAndRec.org

KentParksAndRec.org * Facebook.com/KentCountyCommunityCenter

Volunteer Acknowledgement and Agreement

~Must Complete Entire Packet~

Last Name	First Name	Middle Name	Date of Birth
Mailing Address		City	State Zip Code
Phone Numbers Home:		Work:	Cell: Other:
Program / Location of Interest:		Date Application Completed: _____ / _____ / _____ Month / Day / Year	

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:

What previous volunteer experience do you have?

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

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 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

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 Parks and Recreation Department. I specifically acknowledge that I am a volunteer and not an employee or subcontractor of Kent County. 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 Kent County, 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.

 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

County Commissioners of Kent County, MD
Department of Parks & 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. 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, 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, its officers, and/or its employees arising from Kent County'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's consideration of my employment or volunteer application. I further release and agree to hold harmless and indemnify Kent County, its officers, and its employees against any claims that third parties should make against Kent County, its officers, and/or its employees based on Kent County'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, 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 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 the information requested by Kent County 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/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

County Commissioners of Kent County, MD
Department of Parks & 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 of Volunteer

Printed Name of Volunteer

Address of Volunteer

City, State, and Zip Code

Phone Number of Volunteer

Email Address of Volunteer

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Address of Parent or Guardian (if different from above)

City, State, and Zip Code

Phone Number of Parent or Guardian

Email Address of Parent or Guardian

ALL INFORMATION PROVIDED SHALL REMAIN CONFIDENTIAL

Protect Youth Sports Background Check Authorization

PLEASE ONLY COMPLETE THIS FORM IF APPLYING TO VOLUNTEER AS A YOUTH SPORT PROGRAM COACH

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Kent County Parks and Recreation and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Kent County Parks and Recreation or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Kent County Parks and Recreation and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants' personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____