HARRISON COUNTY PARKS & RECREATION

VOLUNTEER APPLICATION & AGREEMENT

43 Recreation Drive • Clarksburg, WV 26301

Thank you for your interest in volunteering with Harrison County Parks & Recreation.

Please print clearly. Complete all applicable sections. Submission of an application does not guarantee a volunteer assignment. Assignments are based on program needs, qualifications, availability, screening requirements, and other factors determined by Harrison County Parks & Recreation (HCPR).

1. APPLICANT INFORMATION

Full Legal Name: _____ Preferred Name: _____

Home Address: _____ Apt./Unit: _____

City: _____ State: _____ ZIP: _____ County: _____

Primary Phone: _____ Email: _____

Are you age 18 or older? ☐ Yes ☐ No

If No, skip and move to complete the Youth Volunteer Application

Date of birth: _____

Social Security # _____

Driver's License #/State _____

2. VOLUNTEER ASSIGNMENT

Position / Program Desired: _____ Preferred Location / Facility: _____

Volunteer Interests: ☐ Youth Programs ☐ Sports ☐ Events ☐ Camps ☐ Recreation ☐ Parks / Facilities ☐ Other

Earliest Available Date: _____ Preferred Days / Times: _____

Estimated Hours Available Per Week: _____ Seasonal / School-Year: _____

3. EDUCATION, SKILLS & EXPERIENCE

School currently attending / highest level completed:

_____

Relevant work, volunteer, coaching, leadership, recreation, or community experience:

_____

_____

Skills, certifications, training, or experience that may be useful to HCPR programs:

_____

_____

Examples may include coaching, first aid/CPR, lifeguarding, officiating, sports, arts, technology, event support, maintenance, customer service, or other relevant skills.

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VOLUNTEER APPLICATION — REFERENCES & SCREENING

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4. REFERENCES

Provide three references who are not immediate family members and who can speak to your character, reliability, judgment, or work with others. HCPR may contact references as part of the volunteer review process.

Name / Relationship	Phone	Email	Years Known

5. EMERGENCY CONTACT

Emergency Contact Name: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

Email (optional): _____

6. BACKGROUND SCREENING & ELIGIBILITY

Because HCPR programs may involve children and other members of the public, certain volunteer assignments may require background screening, registry checks, or additional documentation before the volunteer may participate. HCPR will determine the screening requirements applicable to the assignment.

☐ I authorize HCPR to conduct any screening or verification required for the volunteer position for which I am applying, including contacting references and, when applicable, obtaining criminal-history or other legally permitted screening information.

☐ I understand that I may not begin a volunteer assignment requiring screening until HCPR confirms that I am approved for that assignment.

☐ I understand that providing false, incomplete, or misleading information may result in denial of the application or removal from a volunteer assignment.

☐ I understand that a screening result will be evaluated under HCPR's applicable policies and procedures and any requirements of law.

7. APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that volunteering with HCPR is unpaid and does not create an employer-employee relationship. I agree to follow HCPR policies, program rules, safety requirements, and directions from authorized HCPR staff. I understand that HCPR may end a volunteer assignment at any time when permitted by applicable law and policy.

Applicant Signature: _____ Date: _____

Printed Name: _____

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YOUTH VOLUNTEER & PARENT/GUARDIAN AUTHORIZATION

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Complete this section for any volunteer applicant under 18 years of age. A parent or legal guardian must review and sign the authorization before the youth volunteer may participate.

1. YOUTH VOLUNTEER INFORMATION

Youth Volunteer Name: _____ Date of Birth: _____

School: _____ Grade: _____

Youth Phone (if applicable): _____ Youth Email (if applicable): _____

2. PARENT / LEGAL GUARDIAN

Parent / Guardian Name: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Home Address (if different): _____

3. PARENT / GUARDIAN AUTHORIZATION

☐ I give permission for my child to participate as a volunteer with Harrison County Parks & Recreation in an assignment approved by HCPR.

☐ I understand that the youth volunteer must follow HCPR rules, safety procedures, staff directions, and the Volunteer Agreement included with this application.

☐ I understand that the youth volunteer is not an HCPR employee and will not be paid for volunteer service unless a separate written arrangement is authorized.

☐ I understand that HCPR may limit or end a youth volunteer assignment when necessary for safety, program needs, conduct, or compliance with applicable policies and law.

☐ I authorize HCPR to contact me regarding my child's volunteer participation, including attendance, conduct, safety concerns, or emergencies.

☐ I understand that HCPR may require additional documentation, training, or screening based on the volunteer assignment.

4. MEDICAL / EMERGENCY INFORMATION

Provide only information HCPR needs for emergency response or participation in the assigned program. This section is not a substitute for a program-specific medical form when one is required.

Allergies / medical conditions / restrictions relevant to participation (or write "None"):

_____

_____

Medication or emergency information staff should know (or write "None"):

_____

Parent / Guardian Signature: _____ Date: _____

Printed Name: _____

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VOLUNTEER AGREEMENT & CODE OF CONDUCT

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Harrison County Parks & Recreation values volunteers and recognizes the important role they play in creating safe, welcoming, and positive programs. Volunteers are expected to model appropriate conduct and support the direction of HCPR staff.

VOLUNTEER EXPECTATIONS

- Treat participants, families, volunteers, staff, officials, and members of the public with respect, courtesy, and consideration.
- Follow directions provided by authorized HCPR staff and remain within the duties and limits of the assigned volunteer role.
- Support a safe, positive, and inclusive environment for all participants.
- Use appropriate language and behavior and avoid conduct that is threatening, discriminatory, harassing, intimidating, or disruptive.
- Do not use physical discipline, corporal punishment, or inappropriate physical contact with participants.
- Maintain appropriate professional boundaries with children and participants and follow HCPR supervision and communication requirements.
- Protect confidential or private information learned through volunteer service and do not photograph, record, post, or share participant information except as authorized by HCPR.
- Follow all facility, equipment, emergency, transportation, technology, and safety rules applicable to the assignment.
- Do not report to a volunteer assignment under the influence of alcohol or illegal drugs, or while otherwise impaired.
- Promptly report safety concerns, injuries, suspected abuse or neglect, inappropriate conduct, or other serious concerns to the appropriate HCPR staff member and follow any reporting requirement that applies by law.

ASSIGNMENT & CONDUCT

HCPR may decline, suspend, modify, or end a volunteer assignment when a volunteer does not meet program needs, violates applicable policies or safety requirements, fails to follow staff direction, provides false information, or engages in conduct that HCPR determines is inconsistent with a safe and positive program environment, subject to applicable law and HCPR policy.

ELECTRONIC DEVICES

Unless specifically authorized for the assignment, volunteers should keep personal phones and electronic devices put away while actively supervising, assisting, coaching, or interacting with program participants. Volunteers must never use a personal device to record or share confidential participant information.

ACKNOWLEDGMENT

By signing below, I acknowledge that I have read and understand this Volunteer Agreement, agree to follow HCPR rules and staff direction, and understand that my volunteer service is subject to approval and assignment by Harrison County Parks & Recreation.

Volunteer Signature: _____ Date: _____

Printed Name: _____

Parent / Guardian Signature (if volunteer is under 18): Date: _____

Printed Name: _____ Relationship: _____