

# CHAPEL HILL PARKS AND RECREATION DEPARTMENT

## VOLUNTEER AGREEMENT

Name \_\_\_\_\_ Are you 18 yrs of age or older?  Yes  No

Group or Organization (if applicable): \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you interested in volunteering for a particular program/activity? \_\_\_\_\_

Are you available on a particular day of the week, season, etc.? \_\_\_\_\_

If you are a Service Learning Student, please check here verifying your Student Learning coordinator has approved.

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ (relationship) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

**VOLUNTEER CODE OF CONDUCT:** To ensure that both participants and volunteers have the best experience possible, we have adopted the Town values of R.E.S.P.E.C.T. for all staff and volunteers.

- Responsibility: I will fulfill the responsibilities of my assignment.
- Equity: I will follow directions, policies and procedures.
- Safety: I will be aware of my surroundings for everyone's safety and report any problems.
- Professionalism: I will set a good example for participants and be an advocate for inclusion by ensuring equal access to all activities.
- Ethics: I will demonstrate good citizenship through honesty and trust.
- Communication: I will understand my role and expectations as a volunteer, and value constructive feedback.
- Teamwork: I will cooperate with others to support positive service in our community.

I, \_\_\_\_\_, understand and agree that I will provide the services I commit to and that I am authorized by Parks and Recreation staff; that my volunteer work is governed by the same ethical and quality standards regulating Town employees; and I agree to abide by all Town and Department policies and procedures. I also agree to hold harmless the Town of Chapel Hill, its officers, agents and employees, the Parks and Recreation Commission and co-sponsors from any claims arising out of any injury to the below named participant. I understand that medical expenses and loss of wages for Volunteers are not covered if they are injured while performing volunteer services.

Yes I Agree Date: \_\_\_\_\_

If Under 18yrs of age  
Legal Guardian Agrees Date: \_\_\_\_\_

**OFFICE USE ONLY:** Background Check complete and satisfactory. Date: \_\_\_\_\_ Approved: \_\_\_\_\_

Supervisor/Division: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_

