

CHAPEL HILL PARKS AND RECREATION DEPARTMENT

ADAPTED AQUATICS VOLUNTEER AGREEMENT - Fall 2019

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 _____

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

Required: We would like you to commit to all the dates of each class but understand that people may have other commitments. Please *carefully* check your schedule and indicate the dates you WILL be available by checking each box:

9/9 9/16 9/23 9/30 10/7 Time Slot(s): 6:30 class 7:30 class Both classes

10/14 10/21 10/28 11/4 11/14 Time Slot(s): 6:30 class 7:30 class Both classes

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.

Volunteer's Signature _____ Date _____

If under 18yrs of age:

Legal Guardian's Signature _____ Date _____

FOR OFFICE USE ONLY: Background check complete and satisfactory: Date: _____ Approved by: _____

Supervisor/Division: _____

Volunteer Position: _____

