

# CHAPEL HILL PARKS AND RECREATION DEPARTMENT

## ADAPTED AQUATICS VOLUNTEER AGREEMENT - Winter-Spring 2020

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.

**Required:** We would like you to commit to all the dates of this 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:

1/27  2/3  2/24  3/2 Time Slot(s):  6:30 class  7:30 class  Both classes

3/16  3/23  3/30  4/13  4/20 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: \_\_\_\_\_

