

Clayton Parks and Recreation Department
715 Amelia Church Road
Clayton, NC 27520
919-553-1550

VOLUNTEER AGREEMENT

Contact Information:

Name: _____ 13 years of age or older? Yes or No*

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____

Email address: _____ Birthdate: _____

Agency or Group (if applicable): _____

Type of work you would like to volunteer for: _____

In case of emergency: _____ Phone #: _____

Please sign below when you have read and understand all statements.

I certify that the statements made in this Volunteer Application are true, correct and given voluntarily. In addition, I understand that this information may be disclosed to any party with legal and proper interest.

I understand and agree that I will provide the services described and authorized by the Clayton Parks and Recreation Department; 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 understand that I am not covered by the Town's workers' compensation insurance for any accident, illness or injury occurring while in my volunteer capacity.

I understand that the Clayton Parks and Recreation Department reserves the right to screen volunteers, and the Department will not accept as a volunteer anyone who would jeopardize any aspect of service or the safety of Parks and Recreation customers and staff.

I grant the Town of Clayton permission to use for any legitimate reason, any photograph, motion picture, or recording of my child or myself participating in this recreation activity.

****All volunteers under the age of 13 MUST be accompanied by legal guardian during volunteer hours unless part of a volunteer group.***

Volunteer's Signature: _____ Date: _____

Parents/Guardian/Group Supervisor's Signature: _____ Date: _____