

Town of Pembroke Recreation Department PO Box 866/7164 HWY 711 East Pembroke NC 28372 910-521-9758 (Phone) / 910-521-0472 (Fax) 910-521-7182 (Recreation Department)

VOLUNTEER APPLICATION

Do not use forms from past years. Use extra paper to complete if additional space is required.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name:	Date:		
	State:		
	Business Pho		
Home Phone:	E-mail Address	s:	
Date of Birth:	Occupation:		
Employer:	Address:		
Special professional training, s	kills, hobbies:		
Community affiliations, (Clubs	, Service Organizations, etc.):		
Previous volunteer experience	::		
	ogram? Yes No If yes, list		
Special Certification (CPR, Med	dical, etc.):		
Do you have a valid driver's lic	ense: Yes No Driver's Lice	ense #:	State:
	of or plead guilty to any crime(s)		
Yes No If yes, descr	ibe each in full		
Are there any criminal charges	s pending against you regarding a	ny crime(s) involving or	r against a minor?
Yes No If yes, describ	e each in full		
Have you ever been refused p	articipation in any other youth pro	ograms? Yes No	If yes, explain:
-	d you like to participate? (Check o e Manager Scorekeeper		
Please list two references, at le program.	east one of which has knowledge	of your participation a	s a volunteer in a youth
Name/Phone			
Name/Phone			

AS A CONDITION OF VOLUNTEERING, I give permission for the Town of Pembroke Recreation Department to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which may contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Town of Pembroke Recreation Department, local organization, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Town of Pembroke Recreation Department is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the Parks and Recreation Director and removal by the Parks and Recreation Director for violation of Town of Pembroke Recreation Department policies or principles.

Applicant Signature:	Date:
If Minor/Parent Signature:	Date:
Applicant Name (please print or type)	

NOTE: The Town of Pembroke Recreation Department will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY

Background check completed by	eague officer	
		On
System(s) used for background ch	eck (minimum of one must be checked):	
Sex Offender Registry	Criminal History Records	First Advantage
	Ivantage and there is a name match in the few states when	

"Please be advised that if you use First Advantage and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from LexisNexis in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this application.