



VOLUNTEER BACKGROUND CHECK, CONSENT, AND RELEASE FORM

For Office Use Only:

Date Received: _____ Received By: _____

Section I – Personal Information

Volunteer Name (Maiden Name/Former Name): _____ City Resident? Yes No

Social Security Number (background check only): _____ N/A _____ Date of Birth: _____

Male Female First Aid/CPR Certification? Yes No Expiration Date: _____

Volunteer Address: _____ City: _____ State: _____ Zip Code: _____

Email _____ Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

What disabilities or conditions do you have which might limit participation? _____

What medications, if any, do you take at this time? _____

What allergies, if any, do you have at this time? _____

Section II – Volunteer Agreement

I understand that I am offering my services to the City of Roanoke without compensation. Once I become a volunteer, I agree to abide by all City rules, regulations and policies, either published or in effect by custom and usage, and all rules, regulations and laws of the Commonwealth of Virginia as may be required by City and State statutes.

Initial: _____

Section III – Release from Liability

1. Voluntary Participation: I acknowledge that I have voluntarily applied to serve as a volunteer for the City of Roanoke Parks and Recreation Department. I understand as a volunteer that I will not be paid for my services, and should I be injured while performing duties on behalf of the City, the City provides insurance which offers limited medical benefits. This insurance has a \$25,000 limit, is strictly excess and will only respond to expenses after all other insurance is exhausted.

2. Release: In consideration of the opportunity afforded me to serve as a volunteer for the City of Roanoke Parks and Recreation Department, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against the City of Roanoke, or their officers or directors collectively or individually, or the equipment that is used by the City, or any of the volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my participation volunteering. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions or causes of action resulting from personal injury or death to me, or damage to my property, sustained in connection with my participation in volunteering. I further consent to the unrestricted use by the City of Roanoke and/or persons authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual recording of me.

Initial: _____

Section IV – Indemnification and Authorized Signatures

I, the undersigned, by execution of this document, give the City of Roanoke permission to conduct a background check regarding my qualifications to volunteer in the City of Roanoke Parks and Recreation centers; including criminal record, driving record, past employment and volunteer history. I understand that I have a right to: (1) obtain a copy of my background check report and (2) challenge the accuracy of any information contained in this report by contacting the third party responsible for conducting the background check by calling the telephone number listed on the report. I understand that information collected during this background check will be limited to that appropriate for determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential.

By signing this application, I agree to the following: I certify that I have not been convicted and do not have charges currently pending against me for any of the disqualifying crimes listed on page three (3) of the Background Screening Policy. I agree that at all times while serving as a volunteer coach for the City of Roanoke Parks and Recreation Department, I will immediately notify the Volunteer Coordinator if I am charged with any of the disqualifying crimes.

Volunteer Signature: _____ Date: _____