Columbus Recreation and Parks Department
Adult Volunteer Interest Form

Al D. McKnight, Director   Michael B. Coleman, Mayor

Thank you for taking the time to complete this application. We look forward to working with you and appreciate your generous offer to share your time and talents with our community.

Name: ___________________________________________________

Local Address: ___________________________________________________________________

City: _______________   OH        Zip Code: ___________

Phone: _______________   Alternate Number: _______________

Email: ___________________________________________

Emergency Contact: ___________________________________________

Emergency Number: ___________________________________________

Employer: ___________________ Occupation: ___________________

Description of your work: _____________________________________

Have you ever volunteered for Columbus Recreation and Parks before?
Yes_____  No_____  If yes, where?

Volunteer Position you are interested in applying for: _______________
(See back of sheet for areas of interest, recreation centers, etc.)

Days & Times available to volunteer

Monday: ______________  Thursday: _______________
Tuesday: ______________  Friday: _______________
Wednesday: ___________  Saturday: _______________
                  Sunday: ______________

Skills, Talents, & Interests
_____________________________________________________________________________
_____________________________________________________________________________

Signature: _____________________ Date: _________

Updated October 21, 2010
Description Volunteer Areas

**Parks:**  Litter pickups in parks are a great group activity and help us maintain the parks for all to enjoy. Bags and gloves provided. Weekdays and weekends.

**Community Recreation Centers:**

**Special Events:** Assist with set up, arts & crafts, games, activities and tear down at various special events throughout the year. Weekdays and weekends.

**Youth Sports:** Assist with special events & coaching youth sports. Weekdays and weekends.

**50+Centers:** Serve as front desk help; assist in canteen prep and service, special events and activities. Basically needed during morning hours and early afternoons on weekdays.

**Therapeutic Recreation:** Assist with the Ohio Wheelchair games, events, field trips, classes and activities. Weekdays and weekends.

**Outdoor Education:** Need assistance at various times throughout the year at Indian Village, helping with clearing trails, campgrounds, and during trips. Weekdays and weekends.

**Cultural Arts:** Need assistance at various times throughout the year with art shows and outdoor festivals. Weekdays and weekends.

**Golf:** Be a ranger, assist with maintenance, work on special events, pro shop. Weekdays and weekends.

**Rose Garden:** Assist with the maintenance of the award winning Rose Garden at the Park of Roses. Weekdays and weekends.

Check out additional volunteer opportunities at Columbusrecparks.com under “Opportunities”

Submit Application to: Volunteer Services Coordinator
Columbus Recreation and Parks Department
1111 East Broad Street, Suite 101
Columbus, OH 43205
volunteers@columbus.gov

Questions? Contact Volunteer Office @ volunteers@columbus.gov or (614) 645-3325
Columbus Recreation and Parks Community Recreation Centers

Please circle centers where you would like to volunteer.

North
Brentnell
Carriage Place
Douglas (Limited Hours)
Feddersen
Howard

Lazelle Woods
Linden
Milo Grogan
Thompson
Tuttle
Whetstone
Woodward Park

South
Barack
Driving Park
Indian Mound
Marion Franklin
Schiller

East
Barnett
Beatty
Blackburn
Far East
Krumm

West
Dodge
Glenwood
Sullivant Gardens

Westgate
Indian Village

50+ Recreation Centers

North
Gillie
Lazelle Woods
Martin Janis
Whetstone

South
Marion Franklin

East
Dodge

West

PARKS – Contact volunteers@columbus.gov for Park Cleanup Form

Particular park you would like to work in: ________________________________

Golf Courses--Contact the Pro at the Course for volunteer application

North
Champions

South
Airport

East
Turnberry

West
Raymond Memorial

Airport Golf Course, Steve Groves, Pro 645-3127
Champions Golf Course, Fran Kocsis, Pro 645-7111
Mentel Memorial Golf Course, Greg Poston, Pro 645-3050
Raymond Memorial Golf Course, Kelly Trent, Pro 645-3276
Turnberry Golf Course, Scott Jones, Pro 645-2582
Walnut Hill Golf Course, Scott Jones, Pro 645-3100
Wilson Road Golf Course, Major Crispin, Pro 645-3221
Medical Release and Emergency Authorization

Volunteer’s Name ________________________________ Birth Date ______________

Street or Mailing Address ________________________________________________

City _____________ State ____________ Zip _______ Telephone # ______________

Group’s Name you are Representing __________________________________________

In consideration of my participation in the City of Columbus’ Volunteer Program, the undersigned hereby agrees to assume all responsibility for personal injuries and insurance to cover any injury or illness occurring while volunteering for the City of Columbus and hold the City of Columbus harmless from any and all liability, actions, causes of actions, debts, claims and demand of every kind and nature whatsoever, which arises from or in connection with volunteer activities and voluntarily assumes all risks that are not latent or created by staff.

The undersigned understands that the City of Columbus liability insurance, health, accident, workers’ compensation or life insurance does not cover the work as a volunteer.

It is further understood that the Volunteer should divulge any limitations in his or her ability to carry out activities as assigned, and if a staff supervisor requests the Volunteer to perform a task that exceeds the Volunteer’s physical capabilities, the Volunteer is responsible for declining the assignment.

In case of emergency, the undersigned request that the City of Columbus notify:

Name ________________________________ Relationship of Volunteer ____________

Weekday telephone # ____________________ Weekend telephone # ________________

or

Name ________________________________ Relationship of Volunteer ____________

Weekday telephone # ____________________ Weekend telephone # ________________

Please complete the other side....
In the event reasonable attempts to contact the above are unsuccessful, the undersigned hereby gives consent for (1) administration of any treatment deemed necessary by:

Dr. ________________________________ Telephone # ____________________________
(Preferred physician)

Dr. ________________________________ Telephone # ____________________________
(Preferred dentist)

Or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the Volunteer to:

______________________________, or any hospital reasonably accessible.
(Preferred hospital)

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained before the surgery is performed.

Personal health and accidental injury insurance as indicated below cover the Undersigned Volunteer:

______________________________
(Name of Insurance Company)

I have read and understand the conditions of my participation in volunteer activities.

______________________________ 
Signature of Volunteer Date ___________________

______________________________
Signature of Guardian Date ___________________
If volunteer is under age of 18

Record remains the confidential property of:

Columbus Volunteer Corps  Columbus Recreation & Parks
Mayor’s Advisory Council on Voluntary Service  Development Section
City Hall, Room 121  1111 East Broad Street Suite 101
Columbus, Ohio 43215  Columbus, Ohio 43205
614-645-6404  614-645-3325
COLUMBUS RECREATION AND PARKS DEPARTMENT

City of Columbus
Background Investigation
Consent Form

CRPD Center/Site:___________________

POSITION TITLE: VOLUNTEER

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<th>Last</th>
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BIRTHDATE: ________________________
MO/DAY/yr

PLEASE LIST ANY OTHER NAME(S) YOU HAVE USED:
(INCLUDE ALL MARRIED NAMES IF APPLICABLE)

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Have you ever pled guilty to or been found guilty of any felony or misdemeanor?  YES NO
Please include “MOVING” violations.

If “YES”, please list below:

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IF NECESSARY, CONTINUE ON REVERSE SIDE

I hereby certify that to the best of my knowledge and belief, all statements made herein are complete and accurate. I understand that any false statements later disclosed will cause less of my right to examination, certification, appointment or retention of position and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Signature: ___________________________ Date: ___________________________
### ADDITIONAL FELONIES OR MISDEMEANORS –

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**FOR DIVISION OF POLICE USE ONLY**

This is a permanent record on the applicant. Please fill in the completed criminal conviction record. Please date and initial after the last entry. If there are no convictions on file, draw a line through the section below, date and initial.

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Date Record Check Completed: ___________________________ Record Tech. No.: __________

Date Warrant Check Completed: __________________________ Record Tech No.: __________