Volunteer Handbook
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Columbus Parks & Recreation Staff

ADMINISTRATIVE STAFF

Dr. James Worsley  Director          (706) 225-4640
Holli Browder  Assistant Director         (706) 225-4658
Becky Glisson  Finance Director         (706) 225-4658
Tommy Groce  Park Services Division Manager       (706) 225-4190
Teresa Snellings Recreation Services Division Manager      (706) 225-3046
Sofia White  Employment Coordinator        (706) 225-4658
Millie Del Toro   Community Schools District Supervisor      (706) 225-4648
Shelley Tippens Community Schools District Supervisor      (706) 225-4652

RECREATION CENTER DIRECTORS

William Sanks  29th Street Recreation Center        (706) 322-0418
Lisa Castile Britt David Pottery Studio         (706) 653-4196
Kwame Brown Carver Park Recreation Center        (706) 568-4822
Mark Ruzeski Cooper Creek Tennis Center        (706) 317-4186
Christelle Johnson Edgewood Senior Center        (706) 317-4251
Chris Bass Fluellen Recreation Center         (706) 327-4142
Cathy Dean Fox Senior Center         (706) 225-4653
Tim Marshall Frank Chester Recreation Center       (706) 685-8016
Joy Hendrix Frank Chester Senior Center        (706) 653-4964
Reginald Thompson Gallops Senior Center        (706) 653-4193
Rick Carrillo Haygood Boxing Gym         (706) 322-7051
Vicki Forrest Lake Oliver Marina         (706) 653-4634
Deb Wise Ma Rainey House         (706) 653-4960
Vickey Williams Northside Recreation Center       (706) 576-5475
Melissa Crawford Pop Austin Recreation Center      (706) 323-8707
Shajra Thrasher Psalmond Road Recreation Center        (706) 565-6060
Antonio Owens Shirley Winston Recreation Center        (706) 653-4958
Columbus Parks and Recreation Mission Statement

The mission of the Columbus Parks and Recreation Department is to enhance the quality of life for all citizens of this community by providing passive and active recreational, educational, and cultural programming services for all age groups. It is our objective to provide parks and recreation facilities that are safe, accessible, and aesthetically pleasing to the entire community.

Volunteer Program Mission Statement

The mission of the Columbus Parks and Recreation Volunteer Program is to actively have the participation of the citizens in the community and to enhance the quality of life for citizens and visitors by providing excellent parks, recreation, and leisure services.

Purpose of the Volunteer Program

The Volunteer Services Program seeks to provide a capable, trained, motivated, dependable voluntary work force, acceptable to staff, to augment the work of the staff. Volunteers enable the Parks and Recreation staff to provide the best possible service to the public.

Emphasis is placed on attracting the most qualified candidates and retaining them, thus capitalizing on efficient use of staff time required for training, supervising, as well as assuring continuity of workflow.

The program is instrumental in linking a valuable community resource -the citizens - with a valuable community institution - the Columbus Parks and Recreation Department - for the benefit, growth, and enrichment of both.

The volunteer program exists for the benefit of the Columbus Parks and Recreation Department and to facilitate achievement of the mission of Columbus Parks and Recreation in a mutually beneficial relationship.
Dear Volunteer,

I would like to welcome you to the volunteer program of the Columbus Parks and Recreation Department. We are excited about your interest in our Volunteer Program and hope you will enjoy being involved in our community. The opportunities are endless for you to assist us in the delivery of Parks and Recreation programs to all Columbus citizens. Committed volunteers increase the quality of our programs and represent a willingness to improve our community now and in the future. Volunteers are a key to the success of many park programs. You have chosen to help us by donating your time and skills to the Columbus Parks and Recreation Department. We value your offer of support and will endeavour to make your time with us both challenging and rewarding. Without the support of our volunteers, the Parks and Recreation Department would not be as well regarded or effective as it is. This handbook will hopefully make you knowledgeable about the Parks and Recreation Department and answer most of the questions you may have concerning our department.

Again, I would like to thank you.

Sincerely,

James Worsley, Ph.D., CPRP, CTRS
Parks and Recreation Director
Volunteer/Staff Relations

Volunteers are valuable supplements to department staff. Volunteers and staff are considered to be partners in implementing the mission and programs of Columbus Parks and Recreation, with each having an equal but balancing role to play.

Volunteer Opportunities

Columbus Parks and Recreation has a multitude of volunteer opportunities that fit a variety of skills and interests. Some activities are regular and on-going while others are one-time events where you can volunteer for a few hours.

Park Facilities

The Columbus Parks & Recreation Department is responsible for operations and maintenance of the following parks and recreation facilities:

<table>
<thead>
<tr>
<th>Park Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>29th Street Recreation Center</td>
<td>501 29th Street</td>
</tr>
<tr>
<td>Anderson Village Park</td>
<td>3920 Middle Avenue Park</td>
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<tr>
<td>Ardahlia Mac Recreation Center</td>
<td>1306 W. Lindsey Drive</td>
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<tr>
<td>Belvedere Park</td>
<td>726 Parkwood Drive</td>
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<tr>
<td>Benning Hills Park</td>
<td>101 Patton Drive</td>
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<tr>
<td>Bibb Soccer Field</td>
<td>403 42nd Street</td>
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<tr>
<td>Boxwood Park</td>
<td>1101 Morris Road</td>
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<tr>
<td>Britt David Park</td>
<td>5560 Armour Road</td>
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<tr>
<td>Britt David Pottery Studio</td>
<td>2700 W. Britt David Road</td>
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<tr>
<td>Carver Park Recreation Center</td>
<td>6665 Hunter Road</td>
</tr>
<tr>
<td>Charlie Hill Park</td>
<td>4924 11th Avenue</td>
</tr>
<tr>
<td>Chattahoochee Promenade</td>
<td>190 5th Street</td>
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<tr>
<td>Community School</td>
<td>3720 5th Avenue</td>
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<tr>
<td>Cooper Creek</td>
<td>4816 Milgen Road</td>
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<tr>
<td>Crystal Valley</td>
<td>6250 Crystal Drive</td>
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<tr>
<td>Dinglewood</td>
<td>1660 13th Street</td>
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<tr>
<td>Double Churches Park</td>
<td>2300 Double Churches Road</td>
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<tr>
<td>Edgewood Park</td>
<td>1501 Morris Road</td>
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<tr>
<td>Edgewood Senior Center</td>
<td>2630 Reese Road</td>
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<tr>
<td>Ewart Park</td>
<td>909 Ewart Avenue</td>
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<tr>
<td>Fall Line Trace-Talbotton Road</td>
<td>1401 Talbotton Road</td>
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<tr>
<td>Fall Line Trace-Manchester Expressway</td>
<td>3690 Manchester Expressway</td>
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<tr>
<td>Flat Rock Park</td>
<td>6106 Warm Springs Road</td>
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<tr>
<td>Fluellen Recreation Center</td>
<td>2824 8th Street</td>
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<tr>
<td>Fox Senior Center</td>
<td>3720 5th Avenue</td>
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<tr>
<td>Frank Chester Recreation Center</td>
<td>1441 Benning Drive</td>
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<tr>
<td>Frank Chester Senior Center</td>
<td>1441 Benning Drive</td>
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<tr>
<td>Park Name</td>
<td>Address</td>
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<tr>
<td>Gallops Senior Center</td>
<td>1212 15th Street</td>
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<tr>
<td>Haygood Boxing Gym</td>
<td>601 11th Street Bldg. B</td>
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<tr>
<td>Heath Park</td>
<td>5845 Datchet Lane</td>
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<tr>
<td>Hemlock Park</td>
<td>15 Popular Street</td>
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<tr>
<td>Heritage Park</td>
<td>700 Front Avenue</td>
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<tr>
<td>Lakebottom Park</td>
<td>1505 Cherokee Avenue</td>
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<td>Lake Oliver Marina</td>
<td>5501 River Road</td>
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<tr>
<td>Little Wildwood Park</td>
<td>22 Forest Avenue</td>
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<tr>
<td>Ma Rainey House</td>
<td>805 5th Avenue</td>
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<tr>
<td>Northside Recreation Center</td>
<td>2010 American Way</td>
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<td>Old Dominion Park</td>
<td>5614 Old Dominion Road</td>
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<tr>
<td>Pop Austin Recreation Center</td>
<td>1301 Alexander Road</td>
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<td>Plez Johnson Playground</td>
<td>4001 Hemlock Drive</td>
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<tr>
<td>Primus King Park</td>
<td>4715 Old Cusseta Road</td>
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<tr>
<td>Psalmond Road Recreation Supercenter</td>
<td>6550 Psalmond Road</td>
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<tr>
<td>Rigdon Park</td>
<td>1600 Howe Avenue</td>
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<tr>
<td>Riverwalk</td>
<td>601 Front Avenue</td>
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<tr>
<td>Roadside Park</td>
<td>1824 Victory Drive</td>
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<tr>
<td>Rosehill Heights Park</td>
<td>3300 Hamilton Road</td>
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<tr>
<td>Rotary Park</td>
<td>1808 Victory Drive</td>
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<tr>
<td>Sherwood Park</td>
<td>4700 16th Street</td>
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<tr>
<td>Shirley Winston Recreation Supercenter</td>
<td>5025 Steam Mill Road</td>
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<tr>
<td>Theo McGee Park</td>
<td>1140 Martin L. King Blvd</td>
</tr>
<tr>
<td>Tillis Park</td>
<td>1212 15th Street</td>
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<tr>
<td>Williamsburg Park</td>
<td>6220 Williamsburg Drive</td>
</tr>
<tr>
<td>Woodruff Farm Soccer Complex</td>
<td>3547 Woodruff Farm Road</td>
</tr>
<tr>
<td>Woodruff Park</td>
<td>3808 Rosemont Drive</td>
</tr>
</tbody>
</table>
What is a volunteer?

A volunteer is anyone who without compensation or expectation of compensation beyond reimbursement performs a task at the direction of and on behalf of an agency. A volunteer must be officially accepted and enrolled by the agency prior to performance of the task.

Volunteer Rights and Responsibilities:

Some of the many assets when volunteering are:

- To do meaningful and satisfying work.
- To be carefully assigned to projects which meet your interests and needs.
- To be oriented to the agency – its mission, goals, staff, activities, and policies.
- To be trained appropriately for your work.
- To receive supervision and guidance throughout your community service experience.
- To show initiative and leadership.
- To voice your opinion and have input into program planning and implementation.
- To be treated as a co-worker.
- To have your service hours documented (certificate or letter) upon request.

As a volunteer you have the right to:

- To do meaningful and satisfying work.
- To be carefully assigned to projects which meet your interests and needs.
- To be oriented to the agency – its mission, goals, staff, activities, and policies.
- To be trained appropriately for your work.
- To receive supervision and guidance throughout your community service experience.
- To show initiative and leadership.
- To voice your opinion and have input into program planning and implementation.
- To be treated as a co-worker.
- To have your service hours documented (certificate or letter) upon request.
POLICIES AND PROCEDURES

Working Environment

Columbus Parks and Recreation endeavors to promote a comfortable and productive working environment for all volunteers. In keeping with this policy, sexual, racial, religious, ethnic, or other kinds of harassment of volunteers is a violation of Parks and Recreation policy and will not be tolerated. We expect volunteers to treat each other, those we work with, and Parks and Recreation staff with respect. Please let us know if you experience any difficulties.

All volunteer policies are administered without discrimination on the basis of race, color, religion, sex, national origin, age, disability, marital status, or sexual orientation.

Age Policy

Volunteers who have not reached the age of 18 must have written consent of a parent or legal guardian before being assigned to any volunteer services. Students volunteering for service learning credit hours for their high school must submit their high school name and contact information before being assigned to any volunteer services.

Dress Code

You are a representative of Columbus Parks and Recreation; therefore, you are responsible for presenting a good professional presentation. All volunteers shall dress, behave, and use appropriate language for the conditions and performance of their duties.

Insurance/Liability

Volunteers will indemnify and save harmless the City; its officers, agents and employees from and against any and all loss, cost, damages, expenses and liability of any kind and description caused by accident or other occurrence resulting in bodily injury, including death, sickness, and disease to any person arising directly or indirectly from service to Parks and Recreation as a volunteer.

Volunteer Hours

When you arrive, document the time you arrived by signing-in and when you are done for the day sign-out so that we can keep track of your volunteer hours. Please ask your supervisor what procedure you are to use as it varies from program to program.
Absenteism

Volunteers are expected to show up for their scheduled shifts on time. A volunteer is expected to inform his/her program supervisor in advance if they are going to be absent from a scheduled shift.

Dismissal of a Volunteer

Dismissal of a volunteer is a serious consideration. In an effort to reach a resolution a meeting between staff, the volunteer, and the Director of Parks and Recreation will occur before dismissal. Dismissal of a volunteer may take place if a volunteer is unreliable, irresponsible, disruptive, demonstrating inappropriate behavior, or failing to adhere to the policies and procedures of Parks and Recreation and its programs.

Volunteer Recognition

An annual volunteer recognition event will be held to highlight and reward the contributions of volunteers to the City of Columbus Parks and Recreation Department.

Resignation

Volunteers may resign from their volunteer services at any time. It is requested that volunteers who intend to resign provide advanced notice of their departure along with their departure date and a reason for their decision.

Smoking

It is the policy of the Parks and Recreation to have and provide a smoke-free, healthy, and safe work environment. Therefore, smoking is prohibited in Parks and Recreation facilities. Volunteers who smoke must do so only in designated smoking areas.

Drug Free Workplace

Parks and Recreation is committed to providing an environment that is safe. Staff and volunteers are role models for persons using the program’s services. Parks and Recreation endorses the philosophy that the workplace should be free from the detrimental effects of alcohol and/or illegal drugs. There will be no differentiation between someone who illegally uses drugs and someone who sells or distributes drugs. Being under the influence of alcohol and/or drugs is prohibited and is cause for disciplinary action, up to and including termination.
Solicitation

Volunteers may not solicit or distribute literature during work hours.

Sexual Harassment

No volunteer should experience unwelcome sexual suggestions from any employee or volunteer. Any incidents of this nature should be reported immediately to the Employment Coordinator/EEOC Counselor.

Criminal Background Check

It is the policy of Columbus Parks and Recreation Department that all volunteers who provide direct service undergo a background check. Direct service is defined as leading activity programs, providing instruction, supporting special events, leading trips and tours and/or facilitating the involvement of participants. A volunteer will be fingerprinted and undergo a background check. A satisfactory result is required before the volunteer can begin an assignment. All volunteers will be drug-tested. A current photo ID is required from all volunteer applicants.

Confidentiality

Volunteers are responsible for maintaining confidentiality of all confidential or privileged information and documents to which they have access while serving as volunteers. Volunteers will not be placed in situations where they may have access to confidential personnel and/or financial records.
RSVP Volunteer Information

Grievance procedure:

If a volunteer is unsatisfied with any action of an agency to which he or she is assigned, including involuntary separation from service, he or she may meet with RSVP staff (and agency staff as needed) to clarify reasons, resolve conflicts, or find an alternate assignment.

If a volunteer disagrees with any action of the RSVP office, he or she may appeal to the RSVP Director in writing within 30 days, stating his or her reasons. If the volunteer is unsatisfied with the RSVP Director’s response, the volunteer may bring that concern to the Chair of the RSVP Advisory Council within 30 days, for discussion and direction by the Council. The volunteer will receive a written response from the RSVP Advisory Council within 60 days outlining the Council's findings and any remedial actions taken.

Prohibited Activities

Prohibited volunteer activities
Due to federal grant guidelines, RSVP members cannot perform the following activities as a part of their RSVP service:
• Give religious instruction, conduct worship services, or engage in Proselytizing.
• Assist with electoral activities, voter registration, and transportation to polls or efforts to influence legislation.
• Engage in activities that displace paid workers.
• Accept money or donations from their service recipients or relatives and friends of service recipients.
AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

As a condition of employment, I hereby agree to be fingerprinted in such form and of such quality as shall be acceptable for submission to the National Crime Information Center and I authorize a national criminal record check. Also, I hereby authorize any Officer, authorized representative of the City of Columbus, Human Resources Department or other designated representatives, bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment, driving and educational records (including, but not limited to: academic achievement, attendance, athletic, personal history and disciplinary records): medical records, motor vehicle records and credit records. Further authorization is extended to all Police Departments, Sheriff’s Departments, Juvenile Courts and Clerk of Courts, to furnish the bearer with information, reprints, photographs and any other records containing information relating to criminal history or activity. I hereby authorize you to release such information upon request of bearer.

I hereby release you, as the custodian of such records, and any employer, school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau of consumer report agency, including its officers, employees, or related personnel (both individually and collectively) from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I further authorize the acceptance of a copy of this original to be used as authorization to release any/all information in lieu of the original which remains on file with the investigating agency. This Authority To Release Information is a continuous condition of my employment and I give consent to the Columbus Consolidated Government to perform periodic criminal history background checks for the duration of my employment with the Columbus Consolidated Government or until such consent is revoked by me in writing. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name (Signature) ________________________________________________________________

Full Name (Typed or Printed Name) ______________________________________________________

Sex _____ Race _______ Date of Birth ___________ Social Security Number ______________________

Parent or Guardian Signature _____________________________________________________________

(Required if applicant is under 18 years old)

Current Address ______________________________________________________________________

Telephone Number _____________________________________________________________________

Declaration of Applicant:

I hereby certify that there are no willful misrepresentations or falsifications in the foregoing statements and answers to questions or in my attached application will be rejected, or if already employed, my employment may be terminated. If I elect to begin work prior to the return of my national criminal record check, I understand that my employment may be terminated based upon the content of that report. I also understand that failure to answer each question will cause my application to be disqualified.

Date __________ Signature of Applicant ____________________________________________________
NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (http://gbi.georgia.gov/obtaining-criminal-history-record-information).
If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (http://gbi.georgia.gov/obtaining-criminal-history-record-information).

Employee Document
Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

__________________________________    ______________________
Employee Signature       Date
Volunteer Enrollment Form

Name: ____________________________    Date of Birth: ___________________

Address: ____________________________ City: ____________ State: ___ Zip Code: ________

Phone: Home _____________ Cell: ____________ E-Mail: _____________________________

Parent or Guardian Information: (Required if volunteer is under 18)
Name: ____________________________ Phone: ___________________

In case of emergency:
Name: ____________________________ Phone: _______________ Relationship: __________

Name: ____________________________ Phone: _______________ Relationship: __________

Do you have any medical conditions we should be aware of? (i.e. heart condition, back problems, asthma, allergies, etc.) Specify:
________________________________________________________________________
________________________________________________________________________

Do you have any relevant skills, training, or experience that would benefit you as a volunteer?
________________________________________________________________________
________________________________________________________________________

How did you learn about volunteer opportunities with Columbus Parks and Recreation?
________________________________________________________________________
________________________________________________________________________

Have you ever worked for Columbus Parks and Recreation? ____ Yes   ____No

If yes, where and when did you work? ___________________________________________

Do you have any family members that work for Columbus Parks and Recreation?
  ____No   ____Yes   Who and what is the relationship? ____________________________
Are you under the age of 18? ____Yes  ____No  
(If yes, a parent or guardian must sign their approval on page 3).

Are you volunteering for high school required volunteer service? ________________ 
If yes, please provide the name of the High School and your volunteer advisor: 
High School _____________________________________________________________ 
Volunteer Advisor ________________________________________________________ 

**Availability** 

When are you available to volunteer? (Check all that apply) 

<table>
<thead>
<tr>
<th></th>
<th>Mornings</th>
<th>Afternoons</th>
<th>Evenings</th>
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<tbody>
<tr>
<td>Sunday</td>
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<td>Saturday</td>
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</tbody>
</table>

How often would you like to volunteer? 

_____ Three or more times a week   _____ Once or twice a week 

_____ Once every two weeks   _____ Periodically as needed 

I certify that the information stated on this application is true and correct to the best of my knowledge and is made in good faith. Any false statements made by me may be used as a rejection of this application.  

Signature ___________________________   Date ______________________________ 

Please provide a current photo ID when submitting your application.
APPROVAL OF MINOR AS VOLUNTEER

Applicant Name ____________________________________________________________

Are you under 18 years of age?     ____Yes   ____No

If yes, a parent or guardian’s signature is required.

__________________________________  ____________________________________
Parent/Guardian Printed Name    Parent/Guardian Signature

Date: ___________________________

Page 3 of 3
Columbus, Georgia
Parks and Recreation Department

Volunteer Agreement

PLEASE PRINT

Name _______________________________________

I hereby volunteer my services to the Columbus Parks and Recreation Department. I agree to abide by all relevant Department policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the description of service.

I shall indemnify and hold harmless the City, its officers, employees, and designees from and against claims, damages, losses or expenses arising out of participation as a volunteer. I understand that this Agreement shall not in any way constitute nor create an employer/employee relationship between the Department and the Volunteer. The Department shall not be responsible for, or liable for, nor shall the applicant be eligible to receive any compensation or benefits as a result of this Agreement.

Volunteer Signature _________________________ Date _______________________

Parent/Guardian’s Signature _________________________ Date _______________________
(Required if volunteer is under 18 years of age)

Emergency Notification Information

Name _________________________ Relationship _________________________ Emergency Number _________________________
Acknowledgment of Volunteer Handbook

I have received a copy of the Volunteer Handbook, which outlines the policies and procedures of the Columbus Parks and Recreation Department in effect at the date of this publication. I have read and understand the information in it and agree to abide by the policies during my volunteering. I understand that it is my responsibility to secure information from my program supervisor if I have any questions or concerns about any of the information outlined in this handbook. I understand that these policies and procedures are continually evaluated and may be amended, modified, or terminated at any time and at the sole discretion of the Department with or without notice.

Name (please print) ________________________________________

Signature ________________________________________________

Work Area or Site_________________________________________

Date________________________________________
Volunteer Time Sheet

Name_________________________________ Date_____________________________

Location _________________________ Supervisor _____________________________

<table>
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<tr>
<th>DATE</th>
<th>TIME IN</th>
<th>TIME OUT</th>
<th>TOTAL TIME</th>
<th>SUPERVISOR SIGNATURE</th>
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Time Sheet Total Hours_________________________

Supervisor Signature_________________________