



**New Bern Parks and Recreation  
 Volunteer Application  
 1307 Country Club Road  
 New Bern, NC 28562  
 Telephone: (252) 639 – 2901**



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Describe previous volunteer experience, if any \_\_\_\_\_

Please check volunteer preferences:

<input type="checkbox"/> After School Tutor	<input type="checkbox"/> Score Keeper
<input type="checkbox"/> Arts & Crafts Aide	<input type="checkbox"/> Special Event Volunteer
<input type="checkbox"/> Athletic Aide	<input type="checkbox"/> Summer Camp Assistant
<input type="checkbox"/> Litter Aide	<input type="checkbox"/> Swim Instructor Aide
<input type="checkbox"/> Maintenance Aide	<input type="checkbox"/> Swimming Pool Assistant
<input type="checkbox"/> Outdoor Activities Aide	<input type="checkbox"/> Time Clock Operator
<input type="checkbox"/> Park Watch Aide	<input type="checkbox"/> Trip Facilitator
<input type="checkbox"/> Recreation Center Aide	<input type="checkbox"/> Translator
<input type="checkbox"/> Other	<input type="checkbox"/> Youth Sport Coach (Additional application required)

If accepted for a volunteer position, I hereby agree to abide by the rules and regulations set forth by the New Bern Parks and Recreation Staff. I also permit the New Bern Parks and Recreation Department to conduct an investigation of my background.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
 If volunteer is under 18 years of age, parents please complete the form below:

We, the undersigned parent or guardian of \_\_\_\_\_ give him/her permission to volunteer with New Bern Parks and Recreation. In the event of a medical emergency, we authorize the Recreation Department personnel, paid or volunteer, to take our child to a doctor or the emergency room of the hospital and we agree to pay any medical charges which are incurred. The Recreation Department also has our permission to transport our child to any event or activity the Recreation Department is sponsoring in relation to his/her volunteer job.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**City of New Bern Parks and Recreation  
Background Check Authorization Form**

This application for Volunteer assignment must be completed in its entirety and signed in order to be considered by the City of New Bern.

I authorize investigation of all statements in this application as may be deemed necessary by the City of New Bern, its officers or employees.

**AUTHORIZATION FOR LIMITED BACKGROUND CHECK**

FULL NAME: \_\_\_\_\_

ANY OTHER NAME BY WHICH YOU HAVE PREVIOUSLY BEEN KNOWN:  
\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DRIVER'S LICENSE STATE/NUMBER: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN IF APPLICANT IS UNDER THE AGE OF 18:  
\_\_\_\_\_ DATE: \_\_\_\_\_