City of Dublin Parks Department

503 N. Church Street, Dublin, GA 31021 478.275.1766 *www.cityofdublin.org*
Parks Superintendent: *simmonsn@dublinga.org*

CITY OF DUBLIN PARKS DEPARTMENT
PROGRAM/EVENT VOLUNTEER APPLICATION

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

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION. ALL VOLUNTEERS 17 AND UP, WORKING HANDS-ON WITH YOUTH PARTICIPANTS ARE REQUIRED BY THE PARKS DEPARTMENT TO SUBMIT TO A BACKGROUND CHECK AND PROVIDE A COPY TO THE PARKS DEPT. BACKGROUND CHECK FORMS ARE LOCATED AT THE CITY OF DUBLIN POLICE DEPT. (346 SOUTH JEFFERSON STREET, DUBLIN, GA).

All fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

SSN (Mandatory) _____

Cell: _____ Business Phone: _____

Home Phone: _____ Email Address: _____

Date of Birth: _____ Occupation: _____

Employer: _____

Employer Address: _____

Special professional training, skills, hobbies:
_____

1. Do you have children in the program? Yes ____ No ____
   If yes, list full name and what level? _____

2. Special Certification (CPR, medical, etc.)? Yes ____ No ____
   If yes, list: _____

3. Do you have a valid driver's license? Yes ____ No ____
   Driver's License #: _____State: _____

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? Yes ____ No ____
   If yes, describe each in full: _____

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5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes ____ No ____
   If yes, describe each in full: _____

6. Do you have any criminal charge pending against you regarding any crime(s)? Yes ____ No ____
   If yes, describe each in full: _____

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? Yes ____ No ____
   If yes, explain: _____

In which of the following would you like to participate? (Check one or more)

☐ League Official ☐ Umpire ☐ Manager ☐ Concession Stand

☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ Other _____

Please list three references, at last on of which has knowledge of your participation as a volunteer in a youth program:
Name/Phone

_____

_____

_____

AS A CONDITION OF VOLUNTEERING, I give permission for the City of Dublin PD 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 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 city receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the City of Dublin, 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, the city of Dublin 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 Superintendent and removal by the city of Dublin officials for violation of policies or principles. Further, for myself and on behalf of my heirs and assigns, I hereby release and hold harmless the City of Dublin, its officers, officials, agents, and/or employees, ("releasees"), with respect to any and all illness, disability, death, or loss or damage to person or property, attributable to my volunteering, whether arising from the partial negligence of releasees or otherwise, to the fullest extent permitted by law.

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

OFFICIAL USE ONLY: (Check once completed)

Background check completed by parks department staff _____ on _____

☐ **Application**

☐ **Government ID**

Proof of completion of required program training for adults