



Williamsburg Parks & Recreation

WALLER MILL PARK

FRIENDS OF THE PARK VOLUNTEER APPLICATION

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Preferred Method of Contact: Home Phone Cell Phone Email

How did you hear about our volunteer opportunities? _____

PREVIOUS VOLUNTEER EXPERIENCE:

Organization Name	Position & Duties	Dates

WORK EXPERIENCE (use additional sheet if necessary)

Briefly describe your current and/or previous work experiences (duties & responsibilities relevant to your volunteer interests:

AVAILABILITY: Please check all days that you are available and preferred hours

Monday Hours: _____ am/pm to _____ am/pm

Tuesday Hours: _____ am/pm to _____ am/pm

Wednesday Hours: _____ am/pm to _____ am/pm

Thursday Hours: _____ am/pm to _____ am/pm

Friday Hours: _____ am/pm to _____ am/pm

Saturday Hours: _____ am/pm to _____ am/pm

Sunday Hours: _____ am/pm to _____ am/pm

SPECIAL SKILLS AND INTERESTS: (Check All That Apply)

- | | |
|---|--|
| <input type="checkbox"/> Dog Park Monitor | <input type="checkbox"/> Park Monitor |
| <input type="checkbox"/> Landscape/Flowerbeds | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Program Leader | <input type="checkbox"/> Trail Maintenance |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Summer Camps |

Do you have a number of service hours you are required to fulfill? Yes No

If so, how many hours? _____ How long do you have to complete your hours? _____

As a volunteer please list any physical limitations, medical conditions, allergies, and medications that you feel we need to know about in the event of an emergency:

All volunteers are required to have a background check before they begin work.

In Case of Emergency, Please Contact:

Name: _____

Phone: (____) _____

Relationship: _____

PLEASE RETURN APPLICATION TO:

Williamsburg Parks & Recreation
 Attention: Waller Mill Park
 202 Quarterpath Road
 Williamsburg, VA 23185

CONTACT US:

Phone: (757) 259-3778
 Email: wallermillpark@williamsburgva.gov
 Website: www.williamsburgva.gov/rec



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FRIENDS OF THE PARK VOLUNTEER AGREEMENT

The following agreement is to outline the expectations of volunteers. By signing, you are agreeing to follow these guidelines throughout the course of your volunteer work. This agreement applies to all persons who are performing non-compensated volunteer services for the Department. Please initial each below:

_____ If at any time I do not understand, or feel uncomfortable with the duties assigned, I agree I will not proceed and will notify my supervisor immediately.

_____ I agree to report any illness or injury to my supervisor immediately and authorize emergency medical care should it become necessary. Injuries will be reported no matter how minor.

_____ I agree to report all volunteer hours to the department on a monthly basis.

_____ I agree to abide by all safety procedures during the course of my volunteer work.

_____ I agree not to be under the influence of alcohol or any illegal drugs while performing volunteer services.

_____ I understand that the Department or I may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

VOLUNTEER AGREEMENT:

I understand that I am offering my services to the City of Williamsburg without compensation. Once I become a City of Williamsburg volunteer, I agree to abide by all city rules, regulations and policies.

Photo Release: By registering for any City of Williamsburg Parks & Recreation Department program, you agree to allow publication of any photos taken to be used in social media campaigns, brochures, newsletters or flyer.

Signature: _____

Date: ____/____/____

Waller Mill Park Manager

____/____/____
Effective Date