



# James City County VOLUNTEER APPLICATION FORM

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 James City County Parks and Recreation. Please type or print clearly. Age restrictions may apply to some volunteer placements.

## ABOUT YOU

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
Home Work Cell

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

## Volunteer Information/Special Interests/Training

Have you been a volunteer with us before?  Yes  No If yes, where? \_\_\_\_\_

When? \_\_\_\_\_ Who was your supervisor? \_\_\_\_\_

Please summarize any special skills and qualifications you may have acquired from employment, previous volunteer work or through other activities, including hobbies or sports.

## Please check the area(s) in which you would like to volunteer:

- Coaching: Specify sport \_\_\_\_\_  
Child's name/age (if applicable) \_\_\_\_\_
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Therapeutic Recreation      | <input type="checkbox"/> After School Program       | <input type="checkbox"/> Special Events             |
| <input type="checkbox"/> Instructor (specify above)  | <input type="checkbox"/> Customer Service Assistant | <input type="checkbox"/> Adopt-A-Park/Trail/Section |
| <input type="checkbox"/> Office Support              | <input type="checkbox"/> Traffic Attendant          | <input type="checkbox"/> Photography                |
| <input type="checkbox"/> Sports (Scorekeeping, etc.) | <input type="checkbox"/> Other * _____              |   |

**\*NOTE: Some volunteer positions may require a criminal background check before placement with children.**

## Check the age groups and programs in which you are most interested in volunteering:

- |                                       |   |                                   |
|---------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Preschoolers | <input type="checkbox"/> Elementary age | <input type="checkbox"/> Youth    |
| <input type="checkbox"/> Adults       | <input type="checkbox"/> Seniors        | <input type="checkbox"/> Families |

## Schedule Preference:

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Times Available: \_\_\_\_\_

Do you speak and/or write any languages other than English?  Yes  No

If yes, please describe: \_\_\_\_\_

How did you hear about volunteering with James City County Parks and Recreation?

**References**

Please provide the name, contact information and relationship to you of three (3) personal or professional references that we may contact for additional information.

Name	Phone	Email	Relationship to Volunteer

Are you able to perform the essential duties of the job for which you are applying?       Yes       No

If no, please explain. (A disability will not prevent you from volunteering if you are able to perform the essential duties of the job with reasonable accommodations.)

Do you have any transportation barriers to consider?       Yes       No

If yes, please describe: \_\_\_\_\_

Have you ever been convicted **as an adult** of any offense against the law including misdemeanors, felonies and traffic violations?       Yes       No

If yes, please describe the crime, date of conviction, location of court proceedings, and specific sentence. (A conviction does not automatically mean that you will not be hired.)

Do you possess a valid driver's license?    Yes    No   Drivers License Number: \_\_\_\_\_

Have any restrictions or revocations been issued?    Yes    No. If yes, describe:  
I authorize James City County to conduct a driving record check.

Name and policy number of current vehicle insurance \_\_\_\_\_

I certify that the vehicle I will be operating while performing volunteer activities has liability insurance in accordance with Virginia State laws.       Yes       No

I understand it is my responsibility to share client information only with staff involved, to keep all information confidential, and to report any information which may impact customers and/or co-workers.

I certify that this application is a complete record and that all entries and attachments are true and accurate to the best of my knowledge.

Volunteer Applicant Name (Print) \_\_\_\_\_

Volunteer Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If volunteer is less than 18 years of age)

Parent/Guardian's Phone \_\_\_\_\_ Email \_\_\_\_\_

It is the intent of the James City County Parks and Recreation Department to provide equal opportunity to all volunteers in all terms, privileges and conditions without regard to sex, race, religion, national origin, disability or any other factor.

*\*All volunteers must comply with "employment" procedures of both Human Resources and the Parks and Recreation Department. A criminal record does not automatically disqualify a volunteer from a work assignment. The nature of the offense and type of work in which the volunteer will be engaged will be taken into consideration before a decision is made. Human Resources and the Parks and Recreation Departments will confer in making the decision.*

Contact Angie Sims, Volunteer & Resource Coordinator, James City County Parks & Recreation Department  
757-259-5403 or [angie.sims@jamescitycountyva.gov](mailto:angie.sims@jamescitycountyva.gov), 5300 Palmer Lane, Suite 1A, Williamsburg, VA 23188



**Pledge of Allegiance  
James City County Board of Supervisors Meetings**

**Student's Name:** \_\_\_\_\_

**Gender (Please check one):**      **Male** \_\_\_\_\_      **Female** \_\_\_\_\_

**Name Pronunciation Tip:** \_\_\_\_\_

**School and Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Parents:** \_\_\_\_\_

**Siblings:** \_\_\_\_\_

**Voting District (Please check one):**

**Berkeley** \_\_\_\_\_ **Jamestown** \_\_\_\_\_ **Powhatan** \_\_\_\_\_ **Roberts** \_\_\_\_\_ **Stonehouse** \_\_\_\_\_

**Student's Interest:** \_\_\_\_\_

**Sports:** \_\_\_\_\_

**Clubs:** \_\_\_\_\_

**Awards/Recognitions:** \_\_\_\_\_

\_\_\_\_\_

**Programs / Activities / Projects child participates in offered through James City County:** \_\_\_\_\_

\_\_\_\_\_

**This is the standardized form for submitting pledge information.**

**Please do not send information in any other format. Thank You.**

**Please return completed form (s) to Angie Sims, Volunteer & Resource Coordinator**  
by email [angie.sims@jamescitycountyva.gov](mailto:angie.sims@jamescitycountyva.gov), fax 757-259-5420 or mail to: Angie Sims,  
James City County Parks & Recreation, 5300 Palmer Lane, Suite 1A, Williamsburg, VA  
23188.