

VOLUNTEER APPLICATION

Staunton River Battlefield State Park



Department of Conservation & Recreation
CONSERVING VIRGINIA'S NATURAL & RECREATIONAL RESOURCES

Last Name _____ First _____ MI _____

Male Female Preferred Nickname _____

Mailing Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell/Business Phone (_____) _____

Email Address _____ Birth Date (Optional) _____

Shirt Size Petite Small Medium Large XLarge
 XXLLarge XXXLarge

VOLUNTEER INTERESTS (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Visitor Services (visitor center, host, greeter) | <input type="checkbox"/> Administration/Office |
| <input type="checkbox"/> Maintenance (buildings, grounds, gardening) | <input type="checkbox"/> Interpretation - Environmental |
| <input type="checkbox"/> Resource Management (trails, cleanups, water quality) | <input type="checkbox"/> Interpretation - Historic/Cultural |
| <input type="checkbox"/> Skilled Labor (explain skill) _____ | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Other (explain) _____ | |

VOLUNTEER AVAILABILITY (Check all that apply.)

- | | | | | | | |
|----------------------------------|------------------------------------|----------------------------------|--|------------------------------|-------------------------------|------------------------------|
| Summer <input type="checkbox"/> | Fall <input type="checkbox"/> | Winter <input type="checkbox"/> | Spring <input type="checkbox"/> | | | |
| Sat <input type="checkbox"/> | Sun <input type="checkbox"/> | Mon <input type="checkbox"/> | Tue <input type="checkbox"/> | Wed <input type="checkbox"/> | Thur <input type="checkbox"/> | Fri <input type="checkbox"/> |
| Morning <input type="checkbox"/> | Afternoon <input type="checkbox"/> | Evening <input type="checkbox"/> | Special events/Projects <input type="checkbox"/> | | | |

EMPLOYMENT INFORMATION

Employed Retired Student

Employer/School Name _____

VOLUNTEER/PAID EXPERIENCE

MEDICAL INFORMATION Describe any medical conditions that might affect your ability to perform volunteer duties:

Person to notify in case of emergency? Name _____ Relationship _____

Phone (_____) _____ Address _____

PLEASE CONTINUE ON BACK SIDE

AGREEMENT:

- (1) I agree to volunteer my time and talents to assist Virginia State Parks (VSP) in carrying out its mission to conserve Virginia's natural and recreational resources.
- (2) I understand that I will not receive any monetary compensation and that I am not eligible for the benefits offered to state employees. I understand that my volunteer services to VSP will be considered as legitimate job experience when applying for a related classified state position.
- (3) I understand that while on duty, I am covered by secondary medical insurance provided by VSP.
- (4) I understand that with proper notification either I or VSP may cancel this agreement at any time.
- (5) I agree to:
 - Complete the duties that I am assigned to the best of my ability.
 - Arrive on time and notify staff when I am unable to work the shift or hours I had planned.
 - Be courteous and respectful to the public, volunteers, and staff.
 - Abide by all park policies, rules, and regulations.
 - Share my ideas for improving the program area in which I work, but understand that not all ideas can be implemented.
- (6) DCR agrees to:
 - Treat you with respect and courtesy.
 - Provide necessary training to do your assignments.
 - Provide a safe working environment.
 - Offer you the benefits that have been developed for volunteers.

I hereby certify that all entries on this application are true and complete and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any rights as a volunteer in the service of Virginia State Parks. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers (professional or volunteer) and educational institutions listed being contacted regarding this application

By signing below, I acknowledge that I have read and agree to abide by the above statements.

Signature _____ Date _____

VISUAL IMAGE RELEASE

While volunteering my services at Virginia State Parks, I hereby consent to the use of visual images taken of me for the purpose of advertising, promoting, offering the benefits of or teaching about the facilities and services of Virginia State Parks. I need not inspect or approve the finished product of any copy using my image.

Signature _____ Date _____

PARENTAL/GUARDIAN CONSENT: (To be completed if volunteer is under age of 18)

I affirm that I am the parent / guardian of the below named volunteer. I have read the description of the work that the volunteer will perform. I hereby voluntarily assume all risks of accident or injury and release Virginia State Parks from all liability for personal injury or damage of any kind.

I give my permission for _____ to participate in the volunteer program.
Name of Minor (Please Print)

Signature of Parent/Guardian _____ Date _____

Printed Name _____