



# CARROLL COUNTY RECREATION DEPARTMENT

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[www.carrollcountyga.com/345/sports](http://www.carrollcountyga.com/345/sports)

## VOLUNTEER APPLICATION

SPORT/ACTIVITY:		AGE GROUP:	
NUMBER OF YEARS COACHING THIS SPORT:			
I AM INTERESTED IN BEING A:		HEAD COACH      ASSISTANT COACH	
NAME:		MALE      FEMALE	
ADDRESS:			
CITY/STATE/ZIP:			
CELL NUMBER:		HOME NUMBER:	
EMAIL:			
EMPLOYER/SCHOOL NAME:			
ADDRESS:			
CITY/STATE/ZIP:			
CONTACT NAME:			
CONTACT PHONE NUMBER:			
PREVIOUS VOLUNTEER ORGANIZATION:			
SPORT/ACTIVITY:			
NUMBER OF YEARS:			
REASON FOR LEAVING:			
CONTACT NAME:			
CONTACT PHONE NUMBER:			
<p>I UNDERSTAND THAT THE INFORMATION I HAVE PROVIDED MAY BE VERIFIED AND I GIVE PERMISSION TO CARROLL COUNTY RECREATION TO MAKE INQUIRY OF OTHERS CONCERNING MY SUITABILITY TO ACT AS A DEPARTMENT VOLUNTEER.</p> <p>VOLUNTEERS ARE NOT PROVIDED ACCIDENT INSURANCE BY CARROLL COUNTY RECREATION AND ARE NOT ELIGIBLE FOR WORKERS COMPENSATION BENEFITS IF A PERSONAL INJURY OCCURS WHILE VOLUNTEERING. IN CASE OF A LAWSUIT DEVELOPING OUT OF YOUR VOLUNTEER JOB WITH THE DEPARTMENT CARROLL COUNTY HAS LIABILITY COVERAGE THAT WILL BE AVAILABLE FOR YOUR DEFENSE.</p> <p>I REALIZE THAT CARROLL COUNTY RECREATION MAY DENY ME THE RIGHT TO VOLUNTEER PENDING THE COMPLETION OF THE BACKGROUND CHECK; AND I FURTHER AGREE TO HOLD CARROLL COUNTY RECREATION AND/OR THE COUNTY HARMLESS REGARDING ANY LIABILITY FOR DEFAMATION INVASION OF PRIVACY OR ANY OTHER CLAIM BASED UPON GOOD FAITH ACTION TAKE PURSUANT OF THE PROVISION OF THIS CONSENT.</p>			
SIGNATURE:		DATE:	