

PERSON COUNTY PARKS AND RECREATION DEPARTMENT
VOLUNTEER ENROLLMENT FORM

Name: _____ DOB _____

Phone (h): _____ (w) _____ Email: _____

Address: _____ City: _____ State _____ ZIP _____

Contact in case of Emergency: _____

Educational Background: _____ T-shirt Size: _____

Occupation: _____

Hobbies, Interests, Skills: _____

Reason for Volunteering: _____

Is there a particular type of volunteer work that you are interested in? (Check all that apply)

<input type="checkbox"/> Teen Programs	<input type="checkbox"/> Senior Programs	<input type="checkbox"/> Summer Camps
<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Marketing	<input type="checkbox"/> Coaching
<input type="checkbox"/> Arts	<input type="checkbox"/> Park Clean-Ups	<input type="checkbox"/> Special Events & Festivals
	<input type="checkbox"/> Mayo Park	

Is there a particular location you want to work at? _____

Is there a particular population that you want to work with? (Check all that apply)

<input type="checkbox"/> Adults	<input type="checkbox"/> Seniors	<input type="checkbox"/> Teens
<input type="checkbox"/> Youth	<input type="checkbox"/> Preschool	<input type="checkbox"/> Animals
<input type="checkbox"/> Staff	<input type="checkbox"/> Persons with disabilities	

What times are you available for volunteering? (Check all that apply)

☐ Weekdays ☐ Evenings ☐ Weekends ☐ AM Hours ☐ PM Hours

Other: _____

Are you bilingual? ☐ Yes ☐ No If yes, what languages: _____

List name and number of two (2) personal references:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Parent Signature (if volunteer is under 18 years of age)

Please return this form to:

John A. Hill, Director

425 Long Avenue

Roxboro, NC 27573

If you have questions please call me (336) 597-1755

