



# JACKSON COUNTY Parks + Rec Volunteer Enrollment

<b>Please Print</b>	Date of Application: _____		
<b>General Information:</b>			
Name: _____		E-Mail Address: _____	
Address: _____		City: _____	State: _____ ZIP: _____
Telephone (Home): ( ) ( ) _____	Telephone (Cell): ( ) ( ) _____	Telephone (Work): ( ) ( ) _____	
Volunteer Status: <input type="checkbox"/> Family <input type="checkbox"/> Single <input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> Group Other Family Members that Volunteer: _____			
Please mark areas in which you are interested in volunteering:			
<b>Fred Arbanas Golf Course</b> <input type="checkbox"/> Golf Course Marshall		<b>Campgrounds</b> <input type="checkbox"/> Campground Attendant	
<b>Historic Sites</b> <input type="checkbox"/> Research Assistant for Fort Osage/Missouri Town 1855 <input type="checkbox"/> Translator <input type="checkbox"/> Living History Interpreter in a Frontier Army Fort <input type="checkbox"/> Living History Interpreter in an 1855 Farming Community <input type="checkbox"/> Museum Interpreter for Fort Osage <input type="checkbox"/> Herb Gardener for Missouri Town 1855 <input type="checkbox"/> Gift Shop Host for Missouri Town 1855 <input type="checkbox"/> Office Assistant for the Historic Sites Office		<b>Natural Resources</b> <input type="checkbox"/> Adopt-A-Program <input type="checkbox"/> Park Projects Assistant	
<b>Kemper Outdoor Education Center</b> <input type="checkbox"/> Outdoor Education Assistant <input type="checkbox"/> Gardener		<b>Special Population Services</b> <input type="checkbox"/> Activity Aide	
		<b>Volunteer Aide</b> <input type="checkbox"/> Office Assistant	
		<b>Other</b> <input type="checkbox"/> _____	
<b>Skills and Interests</b> (Please use separate sheet if necessary.) Educational Background: _____ Skills and Abilities: _____ Hobbies and Special Interests: _____ Previous Volunteer Experience: _____			
<i>For Statistical Report and Grant Purposes (Not Required.)</i>			
Age Group	Date of Birth:	Gender:	Race:
<input type="checkbox"/> Youth (18 & Under) <input type="checkbox"/> Adult (19-55) <input type="checkbox"/> Senior Adult (55+)		<input type="checkbox"/> Male <input type="checkbox"/> Female	

If you will be driving a park vehicle (truck, car, golf cart, boat) or applying for a position that requires a background check, the following information is mandatory:

Drivers License Number:                      State:                      Expiration Date:                      Social Security Number:

How did you hear about us?

- Referred by friend/volunteer                       Volunteer Center                       Trade Show  
 Newspaper                       Jackson County website                       Other

In case of emergency:

Name:                      Relationship:                      Telephone (Home):                      Telephone (Work):

Address:                      City:                      State:                      ZIP:

### Medical Information (optional):

*It is important for us to know, in case of an emergency, if you have an illness that might affect you while volunteering (heart condition, epilepsy, allergies, etc.). Should something happen and you want us to call your physician, we need to know his/her name and telephone number. It is also helpful to know what medications you take on a regular basis (sedatives, stimulants, antihistamines, etc.). This information is held in strict confidence.*

Name of Physician:                      Telephone:

Illnesses:                      Medications:

### Personal or Professional References (Please list two, excluding relatives)

Name:                      Telephone:                      Relationship:

Address:                      City:                      State:                      ZIP:

Name:                      Telephone:                      Relationship:

Address:                      City:                      State:                      ZIP:

What days and times are you available to volunteer?

Do you have transportation to and from the volunteer site?

- No     Yes

### Employment Information

Employer:                      Title:                      Status:  
 Full Time     Part Time

Address:                      City:                      State:                      ZIP:

Does your employer match your volunteer contribution or offer incentives to volunteer?

- No     Yes

The information on this enrollment form is accurate and correct to the best of my knowledge. Your signature indicates your approval for us to check references. Some volunteer positions require a police background check and/or license check.

Name:                      Date:

**Please Remit Form to:  
Jackson County Parks + Rec  
Attn: Volunteer Coordinator  
22807 Woods Chapel Road  
Blue Springs, MO 64015**