



CITY OF DURHAM

Durham Parks and Recreation

101 CITY HALL PLAZA | DURHAM, NC 27701

Physical Address: 400 CLEVELAND STREET | DURHAM NC 27701

919.560.4355 | F 919.560.4021

www.durhamnc.gov



NOTIFICATION AND RELEASE - Volunteer City of Durham Parks and Recreation

Company ID: CT83

Account Manager: Beverly Miller

The information contained in my application to volunteer for The City of Durham Parks and Recreation Department (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not accepting my application or, if accepted, terminating my volunteer services.

I understand and agree that all information furnished in my volunteer application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my volunteer application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations, and The Company from any and all liability for any claim or damage resulting there from.

I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain an investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, and criminal convictions or arrest records if allowed, in order to assist The Company in making certain decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations.

The Company agrees to inform you if a decision has been influenced by information contained in a consumer report, made at our request by Castle Branch Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch Inc. collect @ 1-888-520-0520. The Company will make available to you "A Summary of Your Rights under the Fair Credit Reporting Act."

NOTIFICATION AND RELEASE – Volunteer

City of Durham Parks and Recreation

Company ID: CT83
 Account Manager: Beverly Miller

DPR Supervisor: _____
 Volunteer Position: _____

PLEASE PRINT OR TYPE

List all names that you have used during the last seven (7) years (including married, maiden, and aliases):

Name (First, Middle, Last): _____

Maiden Name or “AKA” (First, Middle, Last): _____

Date Used (yr) from _____ to _____

Date of Birth (Month/Day/Year): ____/____/____ Driver’s License #: _____ State: _____

Current & previous address(es). **PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS.** (Use extra page if necessary).

1. Street	From:
City, State, Zip, County	To:
2. Street	From:
City, State, Zip, County	To:
3. Street	From:
City, State, Zip, County	To:

I understand that all volunteers must undergo a background check and that each volunteer will also be screened annually.

Applicant Signature (REQUIRED): _____ Date: _____

If applicant is under 18, parent or legal guardian must read and sign.

Parent or Guardian Signature: _____ Date: _____

TO BE COMPLETED BY DPR HR UNIT: Please mark (x) the searches to be conducted. <small>Contact: Barbara Richardson Email: Barbara.richardson@durhamnc.gov Phone: 919-560-4355 ext. 27211 Fax: 919-560-4873</small>	
<input type="checkbox"/> NC Statewide Criminal Records Check <input type="checkbox"/> NC Statewide Criminal Records Recheck <input type="checkbox"/> Search Maiden Name <input type="checkbox"/> Other: _____	Notes:

APPLICANTS SHOULD RETURN COMPLETED FORM TO THE SUPERVISOR/VOLUNTEER COORDINATOR.