



Individual Volunteer Application Form

Delaware State Parks

89 Kings Highway, Dover DE 19901

302-739-3197 FAX 302-739-3817

www.destateparks.com

NAME: _____
(Last) (First) (M.I)

ADDRESS: _____
(Street) (State) (Zip)

HOME PHONE: _____

WORK PHONE _____

(May we call you during business hours? YES ___ NO ___)

E-mail address _____

Are you applying to volunteer to fulfill a service requirement? _____ Yes _____ No

If so, please list the school or organization, which has required you to do so. _____

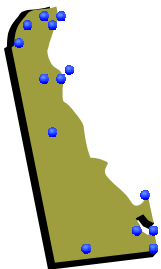
SKILLS & INTERESTS (Rank order as many areas as you desire, with #1 being the area of most interest/skill)

- | | | |
|--|--|---|
| <input type="checkbox"/> Environmental Educational | <input type="checkbox"/> Research/Data Collection | <input type="checkbox"/> Living History |
| <input type="checkbox"/> Trail Maintenance | <input type="checkbox"/> Building/Facility Repair | <input type="checkbox"/> Equipment/Machinery/Vehicle |
| <input type="checkbox"/> Nature Center | <input type="checkbox"/> Park Office | <input type="checkbox"/> Wildlife Management |
| <input type="checkbox"/> Gardening/Planting | <input type="checkbox"/> Special Events | <input type="checkbox"/> Particular skill – please list |
| <input type="checkbox"/> Grounds Maintenance | <input type="checkbox"/> Campground/Volunteer Host | _____ |

Other (please explain) _____

Please indicate the days of the week and the times of the day you are available.

PARK (S) WHERE YOU WOULD MOST LIKE TO VOLUNTEER (Please circle):



- | | | | |
|------------------|-------------------|-------------|-------------------|
| | <u>New Castle</u> | <u>Kent</u> | <u>Sussex</u> |
| Wilmington | Fort Delaware | Killens | Cape Henlopen |
| Bellevue | Port Penn | | Delaware Seashore |
| Fox Point | White Clay Creek | | Holts Landing |
| Brandywine Creek | Lums Pond | | Fenwick Island |
| Brandywine Zoo | | | Trap Pond |

REFERENCES: Please list Volunteer, work & personal references

	Agency Name & Address	Duties	Dates	Contact Person	Phone
1					
2					
3					

PLEASE NOTE: MORE QUESTIONS ON THE BACK OF THIS FORM

Have you ever been convicted of a felony or class A misdemeanor? _____ Yes _____ No

If yes, please explain _____

Do you have any physical or medical limitations, which may interfere with your ability to carry out certain assignments? _____ Yes _____ No

If yes, please describe: _____

EMERGENCY INFORMATION: (Please provide the names of people we can contact in an emergency)

1. _____
(Name) (Relationship) (Phone Number)

2. _____
(Name) (Relationship) (Phone Number)

IMPORTANT: VOLUNTEER POLICY Make sure you have read and understood the following:

- Volunteers are not considered employees of the State of Delaware. The Division of Parks and Recreation does not provide Worker's Compensation or any other insurance coverage for volunteers.
- The Division of Parks and Recreation (henceforth referred to as the Division) cannot guarantee volunteer placement. The Division will, however, make every effort to match volunteer applicants to volunteer opportunities based on the needs of the Division and the interests and abilities of the volunteer.
- The Division employs a screening process for all volunteers based on the nature of the volunteer work and involvement level of the participant. Volunteers working with children or vulnerable populations, money, vehicles, data and information management, black powder, or in a supervisory capacity will be required to undergo a Background Investigation conducted by the Division as a part of the screening process.
- Acceptance as a volunteer is contingent upon successful completion at all levels of screening.
- The Division reserves the right to reject a candidate for any reason which the Division, in its sole judgement, determines will or may affect the best interests of the Division. Furthermore, the Division reserves the right to withhold the reason(s) for such refusal.
- The Division of Parks and Recreation accepts the service of all volunteers with the understanding that such service is at the sole discretion of the Division. Volunteers agree that the Division may at any time, for any reason, decide to terminate the volunteer's relationship with the Division. Volunteers may at any time, for any reason, decide to sever the volunteer's relationship with the Division. Notice of such a decision should be communicated as soon as possible to the volunteer's supervisor.

(Signature of Applicant)

(Date)

REQUIRED IF UNDER 18 YEARS OF AGE:

I certify that (name) _____, my son/daughter is fully capable of participating as a volunteer and has my permission to be assigned and participate as a volunteer for the Division of Parks & Recreation.

(Age if under 18)

(Signature of Parent or Guardian)

(Date)

Return completed form to closest park office or to: Division of Parks and Recreation, Volunteer Program
89 Kings Hwy.
Dover, DE 19901
Fax: 302-739-3817 Phone: 302-739-3197
Email: Gstubbolo@state.de.us



The Department of Natural Resources and Environmental Control is committed to affirmative action, equal opportunity, and the diversity of its workforce.