



# Volunteer Application

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name	Phone	Relationship
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Previous Volunteer and/or Work Experience (i.e. typing, proofreading, catering, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Any Specific Areas of Work Desired: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Hobbies or special skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Availability of Volunteer Hours: (circle) Daily Weekly Monthly As Needed

Day of Week: (circle) Monday Tuesday Wednesday Thursday Friday Saturday Sunday As Needed

Time(s) available: (circle) Morning Afternoon Evening

*Specific Time Availability:* \_\_\_\_\_

Physical Limitations: (If applicable) \_\_\_\_\_

Physical Condition: (please check) Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

Additional Information and/or Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Volunteer Opportunities:**  
**Cabarrus County**  
**Active Living and Parks**

**Volunteer Opportunities include, but are not limited to:**  
**(Please check ALL you are interested in)**

**OFFICE ASSISTANCE:**

- Front Desk
- Greeter
- Filing & Copying
- Making Phone Calls
- Data Entry
- Packet/Bag Stuffing

**SPECIAL EVENTS:**

- Themed Dances
- SweetARTS Showcase
- Friday/Saturday Night Dances
- Seniors' Christmas Party (December)
- Senior Health and Wellness Expo (March)
- Dog Show (Spring & Fall)
- Fundraising
- Partners for Parks (501c3)
- Other \_\_\_\_\_

**PROGRAMS:**

- Instructor: Classes/Workshops/Clubs
- Lunch and Learn Assistant (Wednesdays 12 p.m.)

**OTHER:**

- Photographer/Videographer
- Advocacy/Legislative Assistance
- Solicit Bingo Prizes/Dance Door Prizes

**EXERCISE & NUTRITION CLASSES:**

- Health Education
- Group Fitness Instructor

**SENIOR GAMES:**

- SilverArts
- Events
- Planning
- Follies (Spring & Winter)

**Training is provided  
for ALL Volunteer  
Opportunities**

*Office use only:*

Contacted: \_\_\_\_\_

Contacted via: \_\_\_\_\_

*Please mail completed application and waiver to*

**Volunteer Coordinator**  
**P.O. Box 707**  
**Concord, NC 28026**

*Updated 03/06/2020*



**CABARRUS COUNTY**  
*America Thrives Here*  
**Volunteer Waiver**

Location/Facility Volunteered At: \_\_\_\_\_

Print Name:

First Name	Last Name
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Address:

Street	City	State	Phone Number
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**THIS VOLUNTEER WAIVER** is executed by the undersigned Volunteer on behalf of Cabarrus County.

- I. **Scope of Services.** The Volunteer is to provide the following Services in behalf of Cabarrus County or on Cabarrus County property.  
  
\_\_\_\_\_
- II. **Volunteer Status.** The Volunteer shall perform the services without compensation and shall not be considered an employee, agent, or representative of the County. The Volunteer understands and agrees that he is not entitled to employee benefits of any kind, including, but not limited to unemployment, workers' compensation or retirement benefits.
- III. **Waiver of Liability.** Volunteer is aware of the risks involved in the activity described above and understands that such activity may lead to serious bodily harm or even death. Volunteer hereby accepts and assumes these risks and hereby agrees to release Cabarrus County, its elected officials, employees and agents from any and all claims for loss or damage of any kind that may arise from the performance of the above Services or any other activity for Cabarrus County.
- IV. **Termination.** The Volunteer's services may be terminated at any time by either party.
- V. **Successors and Assigns.** The Volunteer and the Volunteer's successors, executors. Administrators and legal representatives are bound to the terms of this Waiver.
- VI. **Amendment or Modification.** The Volunteer's status as a volunteer cannot be amended or modified except by another written document duly executed by Cabarrus County and the Volunteer.

Emergency Contact: \_\_\_\_\_  

Name
Phone Number
Relationship

**IN WITNESS**, the Volunteer has executed this Waiver on \_\_\_\_\_ (Date)

**WITNESS:**

**VOLUNTEER:**

\_\_\_\_\_  
 Witness Signature

\_\_\_\_\_  
 Volunteer's Signature

\_\_\_\_\_  
 Print Witness Name

\_\_\_\_\_  
 Print Volunteer's Name

\_\_\_\_\_  
 Parent's Signature (If Volunteer is under 18)

\_\_\_\_\_  
 Print Parent's Name