

**Government of the District of Columbia  
Department of Parks and Recreation  
Volunteer Application**



DPR Only:  
Facility Name:  
Staff Initials and Date:  
OPD Initials and Date:  
HR Initials and Date:  
Police Clearance Y N  
Traffic Clearance Y N

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**APPLICATION**

(PLEASE PRINT, FBI FINGER PRINTS & MPDC CRIMINAL HISTORY REQUEST REQUIRED\*)

**PERSONAL INFORMATION**

**Name**

\_\_\_\_\_  
Last Middle

\_\_\_\_\_  
First

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number Date of Birth (Month / Day / Year)

**Address**

\_\_\_\_\_  
Street Apt/Unit #

\_\_\_\_\_  
City State ZIP Ward

**Telephone**

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Home Work

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Mobile

\_\_\_\_\_  
Email

Did you graduate from high school?  Yes  No

Do you have a college degree?  Yes  No

If yes, what is your degree in? \_\_\_\_\_

Do you have a valid Driver's License?       Yes       No

If yes, what is your Driver's License Number? \_\_\_\_\_

First Aid:       Basic       Multi-Media       Standard       Advanced

Certification Expiration Date: \_\_\_\_\_

CPR:       American Red Cross       American Heart Association

Certification Expiration Date(s): \_\_\_\_\_

Pool Operations/Certifications:

CPR for Professional Rescuer       Lifeguard Training       Lifeguarding

Water Safety Instructor       Adapted Swim Instructor       Adapted Aquatics Aid

Certification Expiration Date(s): \_\_\_\_\_

List Allergies/Medical Handicaps or Physical Limitations

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Have you ever been convicted, forfeited collateral, or are you under charges for any felony, firearms or explosives against the law? If yes, please explain below.

Yes \_\_\_\_ No \_\_\_\_

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*All Court Referred Volunteers Will Be Decided On A Case-By-Case Basis*

During the past seven years have you been convicted, imprisoned, on probation, parole, or are you under charges for any offense against the law not included above? IF YES, PLEASE EXPLAIN BELOW

Yes \_\_\_\_ No \_\_\_\_

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List previous volunteer service:

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List formal training relating to the volunteer service you wish to perform.

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## POSITION INFORMATION

Please check kind of activity of interest:

### **Athletics:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Coach Basketball   | <input type="checkbox"/> Coach Football    | <input type="checkbox"/> Coach Little League Baseball (Seasonal) |
| <input type="checkbox"/> Coach Soccer       | <input type="checkbox"/> Coach Assistant   | <input type="checkbox"/> Gymnastics Instructor                   |
| <input type="checkbox"/> Tennis Instructor  | <input type="checkbox"/> Coach Pom Pom     | <input type="checkbox"/> Lifeguard                               |
| <input type="checkbox"/> Coach Cheerleading | <input type="checkbox"/> Boxing Instructor | <input type="checkbox"/> Swimming Instructor                     |
| <input type="checkbox"/> Official (Sports)  |  |  |

### **Recreation/Community Center Services:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Arts/Crafts Instructor             | <input type="checkbox"/> Dance Instructor       | <input type="checkbox"/> Ceramics Instructor  |
| <input type="checkbox"/> Piano Instructor                   | <input type="checkbox"/> Typing/Clerical work   | <input type="checkbox"/> Data Entry           |
| <input type="checkbox"/> Recreation Aide                    | <input type="checkbox"/> Word Processing        | <input type="checkbox"/> Yoga Instructor      |
| <input type="checkbox"/> Locker Aid (Pool)                  | <input type="checkbox"/> Aerobics Instructor    | <input type="checkbox"/> Tutor                |
| <input type="checkbox"/> Photography Instructor             | <input type="checkbox"/> Woodworking Instructor | <input type="checkbox"/> Therapeutic Services |
| <input type="checkbox"/> Child Care (Must health screening) |   |   |

### **Summer Camps (Seasonal):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Camp Discovery | <input type="checkbox"/> Urban Camp Counselor | <input type="checkbox"/> Camp Riverview Counselor |
|---|---|---|

### **Other:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Painter               | <input type="checkbox"/> Electrical (Licensed) | <input type="checkbox"/> Receptionist/Answer Phones |
| <input type="checkbox"/> Accounting            | <input type="checkbox"/> Procurement           | <input type="checkbox"/> Plumbing (Licensed)        |
| <input type="checkbox"/> Maintenance (Laborer) | <input type="checkbox"/> Carpentry             |   |

### **Special Events:**

- |   |  |
|---|--|
| <input type="checkbox"/> Black History Swim Meet (February) | <input type="checkbox"/> Senior Olympics (May) |
| <input type="checkbox"/> Special Olympics (July)            |  |

Other Services:

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Please select the age group you prefer to work with:

2-5 years;  6-8 years;  9-10 years;  11-12 years;  13-15 years;  
 16-18 years ;  Young Adults 19-24;  Adults 25-55;  Seniors 56 and over

Where would you like to volunteer?

Recreation Center: \_\_\_\_\_

Office: \_\_\_\_\_

Child Care Center: \_\_\_\_\_

Park: \_\_\_\_\_

Location Desired: (Circle one) NE NW SE SW Ward: 1 2 3 4 5 6 7 8

Availability:  Daytime;  Evenings;  Weekdays;  Weekends

Preferred Schedule:

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

**Disclosure to Applicant: Pursuant to Title II of the Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law 15-353; D.C. Official Code § 4-1501.1 et seq., 2005 Supp., as amended) this informs you** that either as an employee or a volunteer, this position is a covered position that makes you subject to an initial criminal background check or traffic record check and to periodic checks while assigned. Any information contained in said report(s) will be used solely for employment purposes. You are also informed that the information obtained from a criminal background check shall not immediately disqualify or create a presumption against your employment or volunteer status unless the Mayor determines that your employment or volunteer status poses a present danger to children or youth.

I acknowledge that I have read and understand the "Disclosure to Applicant" in accordance with Title II of the Child and Youth, Safety and Health Omnibus Amendment Act of 2004, provided to me above and do hereby authorize the District government, including the Metropolitan Police Department, to obtain a report for verification of my employment history, driving record, and criminal background history.

I hereby acknowledge that I have read and understand this application in its entirety, and I certify that to the best of my knowledge and belief, all of my statements are true, correct, and complete.

**Notice of Non-Discrimination**

In accordance with the DC Human Rights Act of 1977, as amended, DC Official Code Section 2-1401.01 et seq., (Act) the District of Columbia does not discriminate on the basis of actual or perceived: race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income or place of residence or business. Sexual harassment is a form of sex discrimination, which is prohibited by the Act. In addition, harassment based on any of the above protected categories is prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

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Signature

Date

**Please submit this completed application to:**

Office of Partnerships and Development, Department of Parks and Recreation  
3149 16<sup>th</sup> Street, NW, Washington, DC 20010  
Phone: (202) 673-7681; Fax: (202) 671-1891; Email: [dprpartnerships@dc.gov](mailto:dprpartnerships@dc.gov)

DPR Use Only. To be completed by Volunteer Supervisor and returned to: Office of Partnerships and Development

District of Columbia Department of Parks and Recreation

Volunteer Job Description

PROGRAM DIVISION:

Volunteer services are authorized under DC Law 2-12 and instructions contained in Chapter 311 of the District Personnel Manual. Volunteer agrees to donate services to the DC government in performing duties describe below. Volunteer is not compensated for services rendered and is not entitled to other monetary benefits in connection with volunteer work. Volunteer work assignments are limited to the duties described below. Volunteer service may be terminated at any time by the DC government.

JOB DESCRIPTION:

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Supervisor's Signature

Telephone Number

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Print Supervisor's Name

DC PARKS AND RECREATION

Volunteer

Daily Activity Form

\_\_\_\_\_  
Name of Volunteer

\_\_\_\_\_  
Number of Hours p/Week

Program

Facility \_\_\_\_\_

Day	Activities	Time	Age Group	Number of Participants	Remarks
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

