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Creekside Recreational Therapy Services Volunteer Profile

The first step in making a positive difference with Creekside Recreational Therapy Services is completing the Volunteer Profile.

Name _____			Date _____		
Address _____					
City _____ State _____ Zip _____			<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> School Preferred Address		
Permanent Address (if different from above) _____					
City _____ State _____ Zip _____			<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> School Address		
Employer/Organization/School _____					
Employment Title/Position _____					
Supervisor _____			Work Phone _____		
Home Phone _____		Cell Phone _____		Work Phone _____	
Email _____					
Emergency Contact _____			Relationship _____		
Home Phone _____		Cell Phone _____		Work Phone _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female		T Shirt Size: _____		Social Security Number: _____	
Are you over 18 Years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth: _____			
Do you drive? <input type="checkbox"/> Yes <input type="checkbox"/> No		License #: _____		State: _____	
Do you have access to reliable transportation if you do not drive? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please check the level of educational experience that describes you: <input type="checkbox"/> Still in High School <input type="checkbox"/> Completed High School					
<input type="checkbox"/> Some College <input type="checkbox"/> Completed College <input type="checkbox"/> Graduate School <input type="checkbox"/> Completed Graduate School					
School You Currently Attend/Graduated From _____					
Area of Study/Major _____					
<input type="checkbox"/> I need volunteer hours for school/college credit. How many? _____					
How did you hear about volunteering at Creekside Recreational Therapy Services? <input type="checkbox"/> Website <input type="checkbox"/> Facebook					
<input type="checkbox"/> School/College <input type="checkbox"/> Creekside RTS Employee: _____ <input type="checkbox"/> Another Volunteer: _____					
<input type="checkbox"/> Other: _____					
Why are you interested in volunteering with Creekside Recreational Therapy Services? _____					



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In which area(s) would you like to volunteer: ☐ Office/Support Areas ☐ With Children ☐ With Families
☐ Accounting/Bookkeeping Services ☐ Attorney/Legal Services ☐ Board of Directors ☐ Special Events
☐ Graphic Design/Marketing ☐ Website Development/Maintenance ☐ Grantwriting/Fundraising
☐ Inclusive Easter Egg Hunt ☐ Breakfast with Santa ☐ Camp SMILE ☐ SibShops
☐ Camp SMILE – Ride for Autism Charity Motorcycle Ride ☐ Respite Program ☐ Lego Club
☐ Parent/Family Support Groups ☐ Family Movie Nights ☐ Inclusive Preschool Play Group
☐ Other: _____

Please list your skills and experience that relate to the preference(s) indicated: _____

When is the best time for you to volunteer? ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Overnight ☐ Weekends
☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays ☐ Saturdays ☐ Sundays

Date you are available to start volunteering with Creekside Recreational Therapy Services: _____

Do you have any physical limitations (difficulty standing, lifting, hearing, etc.) that might affect your ability to volunteer? If so, please describe briefly: _____

Demographic Information (you may optionally provide the following information. It is used only to help us get a better idea of the demographic make up of our volunteers):

Do you consider yourself: ☐ African American/Black ☐ Asian ☐ Caribbean/South American ☐ Caucasian/White
☐ Hawaiian/Pacific Islander ☐ Hispanic ☐ Middle Eastern ☐ Multi-National/Multi-Racial ☐ Native American

References (Do not include relatives and/or roommates):

1. _____

Name

Address

City

State

Zip

Relationship

Home Phone

Cell Phone

Work Phone

Email



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2. _____
Name

Address

City State Zip Relationship

Home Phone Cell Phone Work Phone

Email

3. _____
Name

Address

City State Zip Relationship

Home Phone Cell Phone Work Phone

Email

Have you lived in another state within the last five years? ☐ Yes ☐ No If yes, which state: _____

Have you ever been arrested, convicted, plead no contest, or plead guilty for conducting or attempting to conduct a sexual offense, misdemeanor or felony? ☐ Yes ☐ No

If yes, please list the date(s) of the arrest(s)/conviction(s)/etc. and any facts and circumstances surrounding the situation(s). Being arrested does not automatically exclude you from consideration. If you meet the requirements, you will be able to explain the circumstances of your arrest/conviction. If you are subsequently arrested for conducting or attempting to conduct a sexual offense, misdemeanor or felony during the course of your volunteer services at Creekside RTS, you agree to notify Volunteer Services. Failure to do so may result in termination.

All volunteers must:

- Submit a Volunteer Application
- Successfully complete a background check
- Interview with an Creekside Recreational Therapy Services representative
- Meet orientation & training requirements

Applicant Certification and Disclosure Statement (please read carefully):

Initials	
	Waiver and Release of Liability: In consideration of being allowed to volunteer my services with Creekside Recreational Therapy Services, I hereby acknowledge that there are certain risks of injury involved, and I knowingly and freely assume all such risks and assume full responsibility for my participation. To the extent allowed by law, I agree to indemnify and hold harmless with Creekside RTS, its officers, employees, agents, representatives and volunteers, of all liabilities and all loss or damage to person or property which may occur or be incident to my involvement or participation.
	Application Information: I certify that all information on this application is complete and accurate. I understand that any false information or omission may disqualify me from further consideration for volunteer service with Creekside Recreational Therapy Services (Creekside RTS) and may result in my dismissal, if discovered, at a later date.



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	<p>Volunteer Confidentiality Agreement: I recognize that as a volunteer Creekside Recreational Therapy Services, I may have access to confidential information concerning Creekside RTS, its guests, customers, agents, employees, volunteers or representatives. In consideration of any volunteer status with Creekside RTS, I agree I will not at any time, during or after volunteering for Creekside RTS, divulge or reveal to any person, firm, or corporation, any information (including, but not limited to, personal or financial information or customer lists), directly or indirectly, which might in any way be used to injure or interfere with the business of Creekside RTS, or to alienate guests, customers, agents, employees, volunteers or representatives from Creekside RTS or to cause discontent or dissatisfaction among any such persons.</p> <p>I agree that should I have any questions as to the propriety of release of any information, I will request clearance from Creekside Recreational Therapy Services prior to releasing such information.</p>
	<p>References: I understand that with Creekside Recreational Therapy Services requires information from me to evaluate my qualifications for volunteer service. I authorize and release personal references, employers (past and present), and, if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, character, medical and emotional background and, if applicable, driving history.</p>
	<p>Background Investigation: I understand, in consideration of my application, a background investigation will be conducted. I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state or local justice agency, driving history, performance of medical examinations, drug screening or reference verification. I authorize Creekside Recreational Therapy Services to conduct the background investigation and Creekside RTS from responsibility for this investigation. I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at Creekside RTS. In an effort to create a safe environment for the people we serve, visitors and employees Creekside RTS conducts a national and county criminal background investigation. This investigation may include arrests and convictions. This report is kept confidential.</p> <p>I authorize investigation of all statements contained on this application (if I am considered as a volunteer) and hereby authorize previous employers, personal references named, or any other person or persons to whom the company may refer, to give any and all information regarding my background if requested. I release Creekside Recreational Therapy Services, previous employer and any other person or business that gives information about me and all their employees from all liability in any way related to their request for or the production of the information, except in the performance of my job duties and in accordance with Creekside Recreational Therapy Services' policies. I also agree to provide documentation of a criminal background check being conducted before the predetermined deadline.</p>
	<p>I authorize Creekside Recreational Therapy Services to receive any information from any law enforcement agency, including police and sheriff's departments, of this state or any other state or the federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions from crimes committed upon children. I understand that such access is for the purpose of my application as an employee/volunteer, and that I expressly do not authorize Creekside Recreational Therapy Services, Camp SMILE, its directors, officers, employees or volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.</p>
	<p>In the event of my volunteering with Creekside Recreational Therapy Services, I will comply with all rules and regulations set forth in Creekside Recreational Therapy Services' policy manual and staff/volunteer handbook or other communications distributed to all employees & volunteers. I grant Creekside Recreational Therapy Services permission to use my photograph in connection with its advertising and public relations program. I understand that I may have access to confidential and protected health information and I agree that I will not use or disclose this information outside of direct business need or my volunteering with Creekside Recreational Therapy Services. I also understand that I may have access to confidential/proprietary information about Creekside Recreational Therapy Services' customers, employees, and business. I agree that I will not use or disclose this information outside of direct and necessary business need or my volunteering with Creekside Recreational Therapy Services.</p>



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	I understand that nothing contained in the volunteer application or in the granting of an interview is intended to create an employment/volunteer contract between Creekside Recreational Therapy Services and myself for employment or the providing of any benefit. I further understand that if I am employed by/volunteer with Creekside Recreational Therapy Services, that my employment will be for no definite term (other than specified in my employment contract/volunteer agreement), and that either I or Creekside Recreational Therapy Services will have the right to terminate the employment/volunteer relationship at any time, with or without cause. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and an authorized officer of Creekside Recreational Therapy Services. I further acknowledge that no promises regarding employment have been made to me and that no promise or guarantee is binding upon Creekside Recreational Therapy Services unless made in a written contract of employment as described above.
	I understand that attendance at Staff/Volunteer Training is mandatory.
	I understand that I will be required to wear a swimsuit and to actively participate in water activities (and/or swimming if necessary) with participants (if this is part of a program I am volunteering with).
	I understand that I will be considered a role model to participants and I agree to act in an appropriate manner.
	I certify that I have read the statements above and understand that all the information provided on this application is true and accurate to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this position unfavorably. I understand that any false statements or material omissions may be grounds for refusal to volunteer, or for immediate dismissal if such false statement is discovered subsequent to my volunteering.
	I have read the above notice and understand what it means and by my signature consent to these statements.

Volunteer Applicant's Signature

Date

STUDENT VOLUNTEER PARENTAL APPROVAL:

(Please complete if student is younger than 18 years old)

_____ has my approval to work as a volunteer with Creekside Recreational Therapy Services and my permission to receive diagnoses or emergency medical treatment, if injured while volunteering.

Parent/Guardian Signature

Date

Please email or mail completed Volunteer Profile to:

Creekside Recreational Therapy Services P.O. Box 12153, New Bern, NC 28561 melissa.lewis@creeksiderts.org

For Office Use Only:

Screening Process	Date Completed
Criminal Record Check	
Personal References	
1.	
2.	
3.	

Training Completed	Date Completed