

# BREC VOLUNTEER APPLICATION + CONSENT FORM



RECREATION & PARK COMMISSION FOR THE PARISH OF EAST BATON ROUGE

## PERSONAL INFORMATION

APPLICANT'S FULL NAME (PRINTED) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

APPLICANT'S PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## LIABILITY WAIVER/PHOTO RELEASE

I understand that there is an element of risk involved in activities of this nature and that BREC assumes that I am covered by personal liability insurance. By signing this waiver my permission is granted to BREC personnel to provide basic first aid and to secure emergency medical services if needed.

During BREC events, a photographer will often be on the premises taking photos of the participants. Pictures will be used in marketing brochures, program guides, advertising, etc. By signing this waiver, I permit myself to be photographed for the above-stated purposes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## BACKGROUND CHECK CONSENT

I authorize and give consent for BREC to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

BREC's Volunteer Credentialing Policy can be obtained by contacting the Volunteer Coordinator at 225-272-9200 EXT 446 or [volunteer@brec.org](mailto:volunteer@brec.org).

## BREC OFFICE USE ONLY - TO BE COMPLETED BY BREC STAFF SUPERVISING VOLUNTEER

FACILITY/PROGRAM \_\_\_\_\_ VOLUNTEER POSITION \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ SUPERVISOR'S PHONE NUMBER \_\_\_\_\_