

Bays Mountain Park & Planetarium

Volunteer Application

Thank you for your interest in volunteering! Please fill out this form and send to haney@kingsporttn.gov or mail to Bays Mountain Park, 853 Bays Mountain Park Road Kingsport, TN 37660.

18 years and older

Personal Information (please print)

Today's Date: _____ Full Name: _____

Street Address: _____

City/State/Zip Code: _____

Phone: (____) _____ - _____ Email: _____

Date of last Tetanus shot: _____ Shirt Size: _____

List any medical conditions that might affect your ability to perform: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: (____) _____ - _____ Mobile: (____) _____ - _____ Work: (____) _____ - _____

Are you receiving academic credit for your volunteer work? No Yes, Hours Required ____

Current Employment Status: Full-Time Part-Time Student Retired Unemployed

Volunteer Experience

Organization	Your Role	From	To	Reason for Leaving

Why do you want to volunteer?

List any job experiences, skills, qualifications, or connections you could use as a volunteer:

Please Indicate Your Availability (example 12:30 to 3:30 pm)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How long of a commitment are you prepared to make?

1 month 6 months 1 year on-going

How often would you like to volunteer?

1 day/week 1 day/month 2 days/month Other: _____

Which volunteer opportunity are you interested in? You can check multiple boxes.

Farmstead School nature programs Pavilion host
 Herpetarium Public nature programs Trail maintenance
 Raptors Ropes Course Other: _____

I certify that the information in this application is true and complete to the best of my knowledge. I understand I will be required to sign a release form, other documents, and attend orientation before volunteering at the park. Volunteers are approved based on the completion of a criminal background check

Signature of Prospective Volunteer

Date

For Office Use Only:

Application reviewed by: _____

Date: _____

Orientation Completed: _____

Date: _____

RELEASE OF ALL CLAIMS – Bays Mountain Park

I, _____ (print name), the undersigned, in consideration for the opportunity to participate in _____ activities at Bays Mountain Park, do hereby release the City of Kingsport, TN, and Bays Mountain Park, their officials, employees and assigns, from all claims, demands, damages, actions, and causes of action that may arise from any and all activities performed by me at Bays Mountain Park, Kingsport, TN.

I understand that participation in activities performed in natural areas is a high risk, potentially hazardous, and dangerous activity in which serious injury or death can occur. I agree to abide by all rules and directions set forth by supervisory personnel during these activities for the protection of myself and others who may be participating with me. I also know that despite abiding by these rules and obeying the directions as set forth by Bays Mountain Park, there is an inherent risk to these activities, and I assume the risk of performing these activities. I also assume any and all other risks associated with this activity, including, but not limited to, animal or non-animal related injury, slips/trips/falls, the effects of weather, and all other risks, known and unknown.

I understand that this instrument is a full and final release of all claims of every nature and kind whatsoever relating to said activity, and that this instrument releases claims that are known and unknown and suspected and unsuspected. Knowing the rules and risks of participating in activities in natural areas, and in consideration of my designation as a participant, I hereby for myself, my heirs, executors, administrators or anyone else who may claim on my behalf, release the city of Kingsport, Tennessee, Bays Mountain Park from any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of my activity as a participant.

This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I further state that I have carefully read the foregoing release and know its contents, and sign my name as my own free act.

Participant	
Printed:	
Signature:	Date:
Witness	
Printed:	
Signature:	Date:
For participants under 18, Parent/Guardian signature required	
Printed:	
Signature:	Date:



Bays Mountain Park

National Background Screening Consent/Release Form

Applicant's **Legal** Name (printed) _____

Social Security Number _____ Date of Birth _____

Applicant's Address _____

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my 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.

Print Name: _____ Date: _____

Signature: _____

Disclaimer: It is the policy of Bays Mountain Park & Planetarium to screen all prospective volunteers. Applicants will be subject to a background check. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.