

Town of Faison
Anne Stroud Taylor Recreation & Wellness Center

VOLUNTEER REGISTRATION FORM

184 PARK CIRCLE FAISON, NC 28341
OFFICE: 910-267-0115 FAX: 910-267-1848

NAME _____

ADDRESS: _____

PHONE (HOME) _____ (CELL) _____ (WORK) _____

EMAIL _____ AGE _____

What is the best way to reach you? Home Cell Work Email

Please share any special training, interests, skills or related hobbies in the space provided below:

VOLUNTEER OPPORTUNITIES - Check as many as apply to your interests

___ Coach ___ Summer Camps ___ Assistant Coach ___ Special Events ___ Concession Stand
Other _____

Check the times you are available to volunteer: ___ Morning ___ Afternoon ___ Evening

Volunteers shall not handle town funds.

EMERGENCY CONTACT: Name: _____

Relationship _____ Phone _____

I hereby state that I am acting in a volunteer capacity for the Town of Faison and do not expect to receive compensation of any type. While serving in this role, I agree to follow the policies and procedures for the program as outlined by the Parks and Recreation Advisory Board. In accepting this volunteer position, I agree that I may be subject to a background check. I waive and release any potential claims against the Town of Faison for damages or injuries received while acting as a volunteer.

LIABILITY WAIVER

In consideration of being allowed to participate in any way in the Recreation and Wellness Center's athletics, fitness room and/or related activities, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious personal injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or from the conditions of the premises or of the equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time.
2. Assume all the foregoing risks and accept personal responsibility for the damages of equipment and self.
3. Release, waive, discharge and covenant not to sue the Anne Stroud Taylor Recreation & Wellness Center, the Town of Faison, Commissioners, town employees from any and all liability to each including death or damaged property.
4. Staff members have complete authority to ask anyone to leave the premises at any time.

Volunteer Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(If Volunteer is under the age of 18)

Recreation Director Signature _____ Date _____

Adopted June 23, 2010 revised August 6, 2014, Adopted July 6, 2022