

**BOPARC VOLUNTEER CONSENT FORM**  
**BOPARC – PO BOX 590 – MORGANTOWN, WV 26507**

**In order to provide quality recreational programs and activities as well as assist individuals in completing required volunteer hours, BOPARC works with community members by offering an opportunity for a volunteer experience in a recreational environment as well as a municipal setting. All volunteers are required to read and complete this form prior to the start of their service with BOPARC. Volunteers are subject to criminal background check due to the nature of BOPARC's involvement with children's programming and municipal guidelines.**

**PLEASE PRINT**

\_\_\_\_\_ F \_\_\_\_ M \_\_\_\_  
VOLUNTEER Last Name First Name Phone Number

\_\_\_\_\_ Address City State Zip Code Email

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthdate \_\_\_\_\_ (for background check)

**I understand that the Board of Parks and Recreation Commissioners of Morgantown requires the above information in order to complete a required criminal background check on all individuals assisting in programs, activities, events.**

**I further certify that:**

1. I understand that this is a VOLUNTEER POSITION and that volunteer will not receive monetary compensation for the position.
2. I understand that as a condition of my relationship with BOPARC as a volunteer I may need to submit to a background check and/or drug testing.
3. Volunteer is physically able to participate in the program and knows of no physical/medical limitation that would prevent participation.
4. Volunteer will abide by the guidelines established by the BOPARC Personnel Policies and other guidelines as established by the supervising BOPARC staff.
5. I, the volunteer/parent/legal guardian of volunteer release BOPARC, its agents, commissioners, employees and the City of Morgantown from all claims, including the institution of a lawsuit against BOPARC, its agents, commissioners, employees or the City of Morgantown for injuries or losses sustained by me/my child/my dependents as a result of my/his/her participation in BOPARC's volunteer program.
6. In the event of need for emergency medical service, I authorize and consent to such services being provided to the above named volunteer (if a minor).

NOTE: Each volunteer is responsible for his/her own accidental injury medical/dental insurance.

Date \_\_\_\_\_

\_\_\_\_\_  
Volunteer/Parent/Guardian Signature

\_\_\_\_\_  
Print Signature Name and Relationship to Volunteer