VOLUNTEER APPLICATION

City of Orangeburg Parks and Recreation Department
367 Green Street, Orangeburg, SC 29115

Date of Application _____

Name _____ Date of Birth _____

Social Security Number _____ Driver's License Number _____ State _____

Home Address _____ Home Phone _____
P.O. Box or Street

_____ Work Phone _____
City State ZIP Code

Email address _____

Present Employer _____
Name of Company

Consent/Release Form

(To investigate background information)

I, _____ , authorize and give consent for the City of Orangeburg Parks and Recreation Department to obtain information regarding myself. This includes, but is not limited to:

* Employment Records/Employers References
* Criminal Background Records/Information
* Coaching Experience
* First-Aid Experience
* Personal References
* Addresses

I authorize this information to be obtained either in writing or via telephone in connection with my volunteer application.

Signature & Date _____

The long form must be completed and returned to the Parks & Recreation Department before a team can be assigned!

Forms may be

E-mailed: jfogle@orangeburg.sc.us
Faxed: (803) 533-6027
Mailed: Jacquelyn Fogle, Superintendent of Recreation and Marketing
P.O. Drawer #1321
Orangeburg, SC 29116-1321
Delivered: 367 Green Street
Orangeburg, SC 29115 (white house beside the Post Office)