



Pooler Youth Council Volunteer Application

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Updated **AUG 2026**

NOTICE TO APPLICANT

Thank you for your interest in volunteering with the Pooler Youth Council. Volunteers help support youth leadership, community engagement, meetings, events, and other activities. A background check is required for all applicants and must be completed before an applicant may be approved to serve as a volunteer. Background checks must be completed in person at City Hall.

Please complete all sections. Submission of this application does not guarantee placement as a volunteer. For questions or additional information, please contact Councilman Michael Carpenter at MCarpenter@pooler-ga.gov or (912) 759-0772.

OFFICE USE ONLY

Date Received: _____ Received by: _____

Status: ☐ Complete ☐ Incomplete (Reason: _____)

Required Documents: ☐ Complete Application ☐ Background Check

Volunteer Information

Volunteer Name _____ Volunteer DOB _____

Volunteer Address _____ Volunteer T-Shirt Size _____

Volunteer Email _____ Volunteer Phone _____

Volunteer Information

Please indicate the activities for which you are interested in volunteering. Check all that apply.

- | | |
|--|---|
| ☐ Community Events or Fundraisers | ☐ Monthly PYC Meetings |
| ☐ Overnight Trip Chaperone | ☐ Other: _____ |

Experience & Qualifications

Please briefly describe any experience working with youth, volunteering, coaching, mentoring, education, community organizations, events, or similar activities.



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Please briefly describe any relevant certifications or training (if applicable). Examples may include CPR/First Aid, lifeguard certification, coaching, youth-development training, transportation/safety training, or other relevant qualifications.

Background Check Requirement

Because Pooler Youth Council volunteers may interact with minors and participate in City-sponsored activities, all volunteers are required to complete the required background screening before beginning volunteer service. The required background check must be completed in person at City Hall during the designated dates and hours listed below. Volunteers should bring any identification. Volunteer placement or participation may not begin until all required screening and documentation have been completed and approved.

Location: Pooler Police Department, 100 US Highway 80 SW, Pooler, GA 31322

Days/Hours: Mondays and Wednesdays 9:00 a.m. – 4:30 p.m., Fridays 9:00 a.m. – 12:00 p.m.-430

☐ I have not yet completed the background check.

☐ I have completed the background check; date completed: _____

Conduct & Safety Acknowledgment

I understand that, as a Pooler Youth Council volunteer, I am expected to:

- Follow all City policies, procedures, safety requirements, and instructions from authorized City staff.
- Treat youth participants, families, volunteers, City employees, and members of the public with respect.
- Maintain appropriate professional boundaries when interacting with youth.
- Never engage in inappropriate, discriminatory, harassing, abusive, or unsafe conduct.
- Follow all applicable rules regarding transportation, communication with youth, supervision, photography/media, social media, and use of City facilities or equipment.
- Immediately report safety concerns, suspected abuse or neglect, injuries, inappropriate conduct, or other concerns to the appropriate City staff member.
- Maintain confidentiality regarding personal information and sensitive information learned through volunteer service, except when disclosure is required by law or City policy.

I understand that failure to follow City requirements may result in removal from a volunteer assignment or termination of my volunteer service.

Volunteer Initials: _____



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Liability & Risk Acknowledgment

I understand that volunteering with the Pooler Youth Council may involve participation in community events meetings, recreational activities, travel, and, if approved, overnight trips. Some activities may involve risks inherent to participation, including transportation, travel, physical activity, weather, crowds, or other circumstances associated with the activity.

I agree to follow all safety instructions and City policies and to promptly notify City staff of any injury, illness, unsafe condition, or other concern.

Volunteer Initials: _____

Emergency Contact & Medical/Emergency Assistance Acknowledgment

Contact Name	Relationship to Contact	Contact Phone
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In the event of an emergency while I am participating as an approved volunteer, I authorize City staff to contact emergency services and my emergency contact listed above as appropriate. I understand that this form does not replace any separate medical authorization or emergency medical form that may be required for a particular program, trip, or activity.

Volunteer Initials: _____

Photograph/Media Release

I grant permission to the City of Pooler to photograph, videotape, and/or record me during Pooler Youth Council activities. I understand that these images, videos, and recordings may be used for official City purposes, including:

- ☐ City publications
- ☐ City social media accounts
- ☐ City website
- ☐ City promotional or educational materials

I understand that no compensation will be provided for the use of these materials and that the City of Pooler retains ownership of the resulting media. I release the City of Pooler from any claims related to the authorized use of photographs, videos, or recordings of me.

- ☐ Yes, I grant permission.
- ☐ No, I do not grant permission.

Volunteer Initials: _____



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Volunteer Acknowledgment

Completion of this application does not guarantee acceptance or placement as a Pooler Youth Council volunteer.

I must complete all required City screening, including the required background check, before beginning volunteer service.

Additional requirements may apply to specific activities, including overnight trips, transportation, youth supervision, or other higher-risk assignments.

I must comply with all applicable City policies, procedures, safety requirements, and volunteer expectations.

The City may remove or suspend a volunteer from an assignment when necessary for safety, policy compliance, or other legitimate Pooler purposes.

Any waiver, release, medical authorization, transportation authorization, or other supplemental form required for a particular activity must be completed before participating in that activity.

Applicant Signature

Date