

CHAIRMAN
Danny Crigler

VICE-CHAIRMAN
Kendall Fears

MEMBERS
Nathan Carter
Connie Deatherage
Edwarren Frazier
Clay Jackson
David Sisson
Carty Yowell



MANAGER
Jerry Carpenter
mcparksrec@gmail.com

**RECREATION
COORDINATOR**
Lindsay Von Herbulis
lindsay.mcparksrec@gmail.com

P. O. Box 435
1110 Fairground Rd.
Madison, Virginia 22727
540-308-1247
www.hooverridge.com

Parks & Recreation Mission Statement

The mission of the Madison County Parks and Recreation Authority is to create recreational opportunities for growth and enhancement by developing diverse services and programs that promote citizen involvement and a strong sense of community, while striving to increase the social, cultural and physical well-being of our residents and visitors.

Parks and Recreation Authority Goals:

- Provide clean and safe parks, green spaces, and recreational facilities
- Provide efficient services to Madison County residents regardless of income, background, and ability
- Effectively plan for the future needs of Madison County Residents
- Continually strive to improve existing facilities while seeking opportunities for future development
- Create a partnership with the Madison County community to improve the quality of life for all citizens

Madison Parks and Recreation Authority JOB DESCRIPTION

Title: Facility Supervisor
WORK WEEK: M-F evenings, weekends, SEASONAL
PART-TIME, Max 25 Hours/Week, No benefits
Closing Date: 02/28/21
Pay: \$12.00/hour

Madison County Parks and Recreation Authority is seeking a qualified individual to serve as a Facility Supervisor. The Facility Supervisor will assist the Parks and

Recreation Manager in monitoring Parks and Recreation program and private group usage of school indoor facilities, Hoover Ridge Park, Madison Recreation Center Hockey Rink, and E1 and E2 Fields at Madison County School Board Administration Building. Indoor Facilities include Madison County High School, William H. Wetsel Middle School, Waverly Yowell Elementary, and Madison Primary School.

Outdoor Duties:

- Distribute hand sanitizer and sanitizing spray to coaches
- Set out sanitizing stations
- Make sure bathrooms have adequate supplies
- Monitor field activity in spaces used and document on checklist
- Spray down equipment and bathrooms after use
- Collect sanitizer and sanitizing spray after practices

Indoor Duties:

- Open and close all gyms, bathrooms, locker rooms, etc. that will be used
- Evaluate and document cleanliness of facilities upon arrival
- Monitor activity in spaces used and document on checklist
- Clean all spills
- At the end of shift, dry mop floors, clean bathrooms, pick up trash, empty and remove trash, put bleachers back, return room back to prior condition
- Complete any other duties as assigned for shift
- Make sure everyone has left the area, close and lock all doors
- Make sure bathrooms have adequate supplies

Education and Experience:

- High School diploma or GED preferred.

Qualified applicant:

- Must be able to work evenings and weekends.
- Must be able to lift 20 lbs.
- Must be able to clean as needed, move tables/chairs/mats/equipment as needed
- Must report any incidents to management
- Must report any damaged equipment on Maintenance Request Form as needed
- Must monitor facility use during entire shift
- Must complete all paperwork during each shift and turn them in as requested
- Must enforce all rules for facility usage
- Must be able to work well with coaches, referees, instructors, school officials, etc.

Other Requirements:

- Must have valid Virginia Driver's License and acceptable driving record
- Must complete and pass criminal background check prior to employment

Madison County Parks and Recreation

An Equal Opportunity Employer

Application for Employment

Each Application Requires an Original Signature on the Application

Send this application to:
Madison County Parks & Recreation
lindsay.mcparksrec@gmail.com
P.O. Box 435
Madison, VA 22727

Please print in ink (preferably black) or use typewriter

Number of attachments _____

Position number _____

Employees of the Madison County Parks and Recreation Authority and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for _____ (one per application) 2. Department _____

3. Full legal name _____ 5a. Home Phone () _____
Last First Middle

4. Address _____ 5b. Cell Phone () _____

6. Email _____
City State Zip

7. EDUCATION

a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed _____

b. If you did not complete high school, do you have a high school equivalency diploma? Yes No Date _____

c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

8. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. **Job Title** _____ **Duties:** _____
Employer _____
Address _____

Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time Part-time Hours/week _____ Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
Employer _____
Address _____

Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time Part-time Hours/week _____ Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____
 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time Part-time Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing (specify equipment) _____
 Typing speed _____ words per minute. Shorthand speed _____ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)
_____	_____	_____
_____	_____	_____

9. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. **MISCELLANEOUS**

- a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____
- b. Check which job status you would accept: Full-time Part-time (specify) _____
- c. Check which employment status you'd accept: Salaried (benefits) Hourly (No benefits) Part-time (No benefits)
- d. Are you willing to accept employment which requires you to travel? No Yes. If yes, During the day only, Occasionally overnight, Frequently overnight.
- e. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- f. Are you willing to provide your own transportation if necessary for your employment? Yes No.
- g. For purposes of compliance with Section 2.1-112 of the Code of Virginia, have you ever served in the Armed Forces of the United States during the following dates? (Check the appropriate dates): World War I--4/16/17-4/1/20; World War II--12/7/41-12/31/46; Korean Conflict--6/27/50-1/31/55; Vietnam Conflict--8/5/64-3/7/75; None of the dates shown, but I did serve in the military.
- h. Have you ever been convicted* of a law violation(s), including moving traffic violations Yes No If YES, please provide the excluding Following: Description of offense:

Statute or ordinance (if known): _____	Date of Charge: _____	Date of Conviction: _____
County, City, State of Conviction: _____		

(For additional convictions use plain paper. Include all information listed above.)

*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Assaults Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

11. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

_____ Month _____ Day _____ Year

12. **CERTIFICATION--Each Application Requires an Original Signature on the application**

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of Madison County Parks and Recreation Authority (MCPRA). I understand that all information on this application is subject to verification. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize MCPRA to rely upon and use, as it sees fit any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ **Applicant Signature** _____

Supplementary Experience Form

Name

Position Applied For

Job Title _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____
 Salary (start) _____ (finish) _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time Part-time Hours/week _____
 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

Job Title _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____
 Salary (start) _____ (finish) _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time Part-time Hours/week _____
 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

Job Title _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____
 Salary (start) _____ (finish) _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time Part-time Hours/week _____
 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

Job Title _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____
 Salary (start) _____ (finish) _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time Part-time Hours/week _____
 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

Job Title _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____
 Salary (start) _____ (finish) _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time Part-time Hours/week _____
 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

Pursuant to Federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian and Asian American (includes Pakistanis, Indians, and Pacific Islanders)
- American Indians (includes Alaskans)

Check the block for the highest level of education that you have completed (check only one)

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate your date of birth: / /

Position applied for:

How did you find out about this employment opportunity?

- Newspaper: specify name of newspaper
- Radio/TV: specify name of Media
- VEC
- State Recruit System
- Agency Bulletin Board
- Other: Please specify

For office use only: EEO Category: _____

Madison County Parks and Recreation Authority Background Check Screening Policy

The Madison County Parks and Recreation Authority reserves the right to screen any volunteer who will be working with children involved in PRA sponsored Youth Sports/Activities. The screening will consist of 1) completion of Volunteer Application Form, including references; 2) approval by the PRA; and 3) consent to background checks.

If a background check is performed and the following convictions or pending charges are revealed, the PRA will deny an individual application of those persons. The list includes, but is not limited to:

Violent/Behavioral Crimes:

Murder
Theft/Burglary/Robbery-Armed/Larceny
Breaking and Entering
Prostitution
Disorderly Conduct
Rape or Sexual Assault
Assault
Arson
Escape from penitentiary

Crimes Against Children

Solicitation of a minor
Sexual abuse/assault of a minor
Child abuse
Child molestation
Sexual conduct with a minor
Contributing to the delinquency of a minor
Indecency with a minor
Abandonment/Endangerment of a min

Drug and Alcohol Related Crimes

Possession of drug and/or paraphernalia
Drug Dealing
Trafficking
DUI/DWI (3 in last 7 years)
Domestic Violence/Abuse

To complete the background screening process, please complete the following form and return to the Madison Parks and Recreation Authority office. All results from the background screening will be kept confidential and forms will be destroyed following the screening. This information will not be shared.

MCPRRA reserves the right to refuse any applicant regardless of the results of the background check.

Full Name: _____
First Name Middle Last

Mailing Address: _____

Social Security Number (required): _____ Date of Birth: ____/____/____

E-mail Address: _____

I hereby give my consent for Madison Parks and Recreation Authority to conduct a Background Check as described above.

Signature Date



Madison County Parks and Recreation

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, resulting in the Governor of Virginia declaring a state of emergency in the Commonwealth of Virginia. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Madison County Parks and Recreation Authority (MCPRA) has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, MCPRA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase you or your child(ren)s risk of contracting COVID-19.

COVID-19 spread mainly among people who are in close contact (within about 6 feet) for a prolonged period. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose move through the air onto another person or a surface or object the other person subsequently touches while the virus remains live. Anyone can get or spread the virus. Everyone has a role to play in slowing the spread of the virus and protecting themselves, their family and the community.

Federal, Commonwealth, and local agencies recommend social distancing, masks, and other measures to minimize the risk of spread of COVID-19. **MCPRA cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in sports or other extracurricular activities. Participation in such activities includes possible exposure to an illness, injury, or death from infectious diseases including COVID-19.**

MCPRA will conduct certain extracurricular activities beginning in the Summer of 2020 and continuing into 2021. These activities (hereinafter referred to as "Activity") will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity if they do not comply. Participation in extracurricular activities is a privilege, and not a right, and the safety of our instructors, coaches, referees, staff, and other participants is of utmost importance.

To promote the safety and wellness of our community, I understand the importance of taking responsible steps to promote health and safety when participating in an Activity. By signing below, I agree I will undertake the following Precautions as a condition of participation of myself and/or my child(ren) (collectively referred to as "Participant") in the Activity:

- Perform daily temperature checks on the Participant(s) to screen for fever before arrival for the Activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If a Participant has a fever, I will not permit the Participant to participate in the Activity until he/she has been without a fever (without medical intervention) for at least 72 hours or receives a negative test for COVID-19. I also agree that the MCPRA also may screen Participants for a fever prior to allowing participation in any Activity.
- Inquire and/or make a visual or tactile inspection of Participant(s) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose unrelated to typical allergies, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, extreme fussiness, or any other symptom now or hereafter recognized by the Centers for Disease Control (CDC) as a symptom of COVID-19. If a Participant has exhibited any of these signs or symptoms, I will not permit the Participant to participate in the Activity until he/she has been without signs or symptoms (without medical intervention) for at least 72 hours or receives a negative test.
- Confirm that no Participant has been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If any Participant has been in contact with such a person, I will not permit the Participant to participate in the Activity until 14 days have elapsed since the time of contact and no symptoms have manifested in the Participant.
- Promptly pick up the Participant(s) or arrange for pickup if signs or symptoms of illness are reported by MCPRA. I understand that Participants are to remain home until released from any quarantine and illness-free for at least 72 hours without the use of medicine.

By signing this document, I acknowledge and affirm my commitment to follow and meet the Precautions above as a condition of the Participant's(') participation. Further, I understand and agree Participant may be refused participation if it comes to the attention of MCPRA the Precautions have not been followed or met.

I also understand and acknowledge that despite the Precautions and other measures undertaken by MCPRA and others involved in the Activity, Participant remains at risk of contracting COVID-19 due to participation in the Activity, which risk is elevated depending on how much physical proximity is inherently involved in the Activity. I voluntarily assume the risk that I and/or the Participant(s) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in the symptoms identified above, as well as personal injury, illness, sickness, and/or death to myself, the Participant(s) and others we may be in contact with in the normal course of our lives (coworkers, other family members, neighbors, friends). I understand that the risk of exposure or infection may result from acts and omissions of myself, Participant(s), MCPRA staff, volunteers, or agents, other Activity participants, or others not listed. By signing this document, I expressly acknowledge and agree to assume all such risks in connection with the Participant(s) participation in the Activity.

Finally, I acknowledge that the above Precautions and guidelines applicable to the Activity may change at any time due to recommendations by the CDC, the Commonwealth of Virginia, the Department of Health, the Madison County Board of Supervisors, the Madison County Parks and Recreation Authority Board, or any other regulating entity. I acknowledge and accept the possibility that the Activity may be truncated, drastically altered, or eliminated in the future, even mid-season, due to such recommendations.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)s attendance at the MCPRA program. In consideration of the Participant(s) being able to participate in the Activity, I, on my own behalf and on behalf of the Participant(s), hereby waive, release, and hold harmless Madison County Board of Supervisors, the County of Madison, Madison County Parks and Recreation Authority, and its employees and agents from any and all risks, claims, causes of actions, fees, costs, and any expenses of any sort or kind from exposure to and/or infection from COVID-19, that I and/or the Participant(s), or my or our representatives, have assumed hereunder or sustain during, after, or related to the Participant's(') participation or involvement in the Activity.



Participant Name: _____

Participant Signature: _____ Date: _____

Parent/Guardian Name (for Minor Participant): _____

Parent/Guardian Signature: _____ Date: _____