



South Windsor Parks & Recreation Department
 91 Ayers Rd Road
 South Windsor, CT 06074-2786

Telephone (860) 648-6355
 Fax (860) 648-5048

APPLICATION FOR VOLUNTEER

NAME: _____ TELEPHONE _____

ADDRESS: _____ EMAIL: _____
 (Street, City/Town, State, Zip)

Date of Birth if you are under the age of 18: _____ *(Many of our positions have age requirements)*

Are you prevented from lawfully becoming employed in this country because of Visa and Immigration Status? _____ (Proof of citizenship or immigration status will be required upon employment).

Have you any objection to our making inquiry of your Present Employer regarding your character, qualifications, etc.? _____

APPLICANT'S STATEMENT: I certify that answers given herein are true and complete to the best of my knowledge. I authorized investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by the employer and employee in writing. In the event of employment, I agree to a criminal background check and further understand that false or misleading information given in my application or interview(s) may result in discharge.

 Signature

 Date

Please choose the volunteer opportunity you are available for?

Summer Events Egg Hunt

Skate with Santa Parks

Friday Flicks Other _____

VOLUNTEER EXPERIENCE:

Why are you interested in Volunteering with South Windsor Parks & Recreation?

What is your volunteer/work experience?

REFERENCES:

List references who are not related.

1. Name _____ Address _____
 Occupation _____ Phone _____ Relationship _____

2. Name _____ Address _____
 Occupation _____ Phone _____ Relationship _____

Waiver of Volunteer by parent or self: In consideration of your accepting my or my child's application, I hereby for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Town of South Windsor or the Parks & Recreation Department and its representatives, successors and assigns, for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I understand there is inherent risk of injury associated with the(se) activity(ies) and authorize emergency medical treatment and transportation in my absence. If any of the above participants are minors, I certify by my signature that I am the custodial parent, or guardian; or I have the expressed authorization of the custodial parent, or guardian to enroll said participant(s) in the specified activities listed. All participants over 18 years of age must sign this registration form.

Date: _____ Signature: _____ Print Parent or Guardian Name: _____