



South Windsor Parks & Recreation Department
 350 Foster Street
 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)

Please send completed forms to rec@southwindsor-ct.gov. In some cases, volunteers will be required to attend trainings or may receive day of training. Please make yourself familiar with the Volunteer Handbook prior to your first volunteer shift.

Emergency Contact:	Phone Number:
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How did you hear about SWPRD? What activity or Event are you interested in?	

VOLUNTEER EXPERIENCE:

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

What is your volunteer/work experience?

REFERENCE:

List reference who is not related.

Name _____

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.

Print Name

Signature or Parent/Guardian if volunteer is under the age of 18

Date

Phone Number of Parent/Guardian