

Smith's Clove Park Volunteer Application

Information About You (Please Print)

Name: _____ Date: ___ / ___ / ___ I.D. # _____

Address: _____, _____ N.Y. Zip: _____

Phone #: _____ Cell #: _____ E-Mail _____

Time/s you would be available: Days Evenings Weekends Holidays
Other _____

In Case of an Emergency notify: _____ Relationship _____
1# _____ 2# _____

Briefly state why you want to volunteer: _____

List your skills, interests, hobbies, community activities, work or professional experience: _____

List previous volunteer experience: _____

Do you have transportation? Yes No

If yes, do you have a valid NYS Driver License? Yes No

License Number: _____ **Expiration:** _____ **State:** _____

Are there any medical restrictions: _____ **if yes, explain:** _____

Have you ever been convicted of a crime (do not include traffic violations)? Yes No

If yes, please explain: _____

Indicate Which Volunteer Activities Would Be Of Interest

Instructor (specify) _____ Activity Assistant (specify)

 Activity Planner (specify) _____ Community Events

 Advertising / Promotion Adult Activities Child

Activities

Other _____ Advisory*

*Meet with recreation director to help develop / improve park programs

Reference:

Please List 3 references (not relatives) preferably persons who can attest to your ability to work with others in a volunteer capacity:

Name & Address	Telephone	Relationship

Volunteer Agreement and Authorization

Volunteer candidates must meet the highest standard of conduct because of the municipality's responsibilities for those in its care. This information is to be used **only** to assist in determining qualifications for a position as a volunteer.

I agree to conform to the municipality's rules and regulations to the best of my ability. I agree to participate in orientation and training. I understand that a criminal record and Department of Motor Vehicle check may be made, and my references and experience checked. I release in my criminal conviction record to:

Joseph Mancuso % Monroe Joint Recreation Commission, 133 Spring St. Monroe, N.Y. 10950

I authorize all references listed to give you pertinent information, and to release all parties from any liability from furnishing this information.

Signature of applicant: _____ *D.O.B* _____

Social Security Number: _____ *Date:* _____

For Office Use

Application: Accepted Denied

By: _____ **Date:** _____

Basis: _____ **Acknowledgement Sent:** _____ **via:** _____