

LANCASTER NH

COLONEL TOWN RECREATION

VOLUNTEER APPLICATION FORM

ALL INFORMATION PROVIDED WILL BE CONFIDENTIAL

Name _____ Social Security # _____ - _____ -

Mailing Address: _____

Home Address (if different):

Phone/Contact Information:

Day: (____) _____ - _____
_____ a.m./p.m.

Best time to call:

Evening: (____) _____ - _____
_____ a.m./p.m.

Best time to call:

Cell: (____) _____ - _____
_____ a.m./p.m.

Best time to call:

Email: _____

FAX: (____) _____ - _____

Address(es) for previous 5 years (listing most recent to oldest):

1.

2.

3.

Name(s) previously used (including maiden name):

1. _____

2. _____

Current Employer's Name and Address:

1. Please describe your:

- Current Occupation -
- Special Skills and Training -
- Previous Work with Youth -
- Previous Volunteer Experience -

2. What type of position(s) do you prefer?

- | | |
|---|--|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Activity/Event Leader |
| <input type="checkbox"/> Referee/Umpire | <input type="checkbox"/> Snack Bar Helper |
| <input type="checkbox"/> Camp Volunteer | <input type="checkbox"/> other (specify) |
-

3. With which age group(s) do you prefer to work?

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Grades 7-12 |
|------------------------------------|--------------------------------------|

Grades K-2

Adult Mix

Grades 3-4

Seniors

4. If you want to coach, referee, umpire, or teach a sport, which sport(s) do you prefer?

Baseball

Gymnastics

Basketball

Soccer

Cheerleading

Softball

Dance

Weight Lifting

Flag Football

other
(specify) _____

5. Briefly explain why you would like to be a Colonel Town volunteer.

6. Any additional information you would like us to know.

Colonel Town has a responsibility to provide a safe and healthy environment for all youth.

Because of this responsibility, we ask for the following information.

If you answer "yes" to any of the questions, please explain below.

a. Do you use illegal drugs?

Yes

N
o
-
-
-
-

b. Have you ever been convicted of, pled nolo contendere to, or received a deferred or suspended sentence for a crime more serious than a parking offense in this or any other state, territory or country?

Yes

-
-
-

N
o

-
-
-

Please explain any "yes" answers here:

7. References

Please list 4 people who have known you for at least 2 years. They should be familiar with your character as it relates to working with young people. Please do not include family members. Each may be asked by phone or by letter to complete a short questionnaire. All responses will be held confidential.

PLEASE INCLUDE COMPLETE ADDRESSES AND PHONE NUMBERS.

NAME	ADDRESS (including city/state/zip)	PHONE #
		() _____ - _____
		() _____ - _____
		() _____ - _____
		() _____ - _____

Colonel Town has a responsibility to provide a safe and healthy environment for all youth and reserves the right to complete a background check on applicants. Persons with a history of violent behavior, child, or current drug/alcohol abuse need not apply.

I certify that the information supplied on this application is the truth. It is understood and agreed that any misrepresentation by me on this application and accompanying resume or interviews will be sufficient cause for cancellation of this application and/or termination from the Colonel Town Recreation program. I authorize Colonel Town to investigate all information provided and to secure additional information about me for personnel decisions. I freely release from liability Colonel Town and its representatives for seeking such information and all other persons, schools, corporations, or organizations for furnishing such information.

I have read and understand the above.

Volunteer Signature: _____
____/____/____

Date:

Colonel Town Signature: _____
____/____/____

Date:

Colonel Town Recreation is an equal opportunity educator and employer.

“It’s Not Me. It’s Not You. It’s Us!!” Lou Leaver
9/26/02

Revised: