



# COMMUNITY SERVICE PROJECT APPLICATION

Town of Penfield Recreation Department  
1985 Baird Rd., Penfield, NY 14526  
(585)340-8655 ♦ recreation@penfield.org



FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ LICENSED DRIVER YES \_\_\_ NO \_\_\_

ORGANIZATION NAME \_\_\_\_\_ ORGANIZATION CONTACT PERSON \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

REASON/PURPOSE FOR APPLICATION? (IE: SCOUT PROJECT, ETC.) \_\_\_\_\_

PLEASE DESCRIBE SPECIFIC PROJECT YOU ARE INTERESTED IN?

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WHAT KIND OF RESOURCES OR SUPPORT ARE YOU REQUESTING FROM THE TOWN OF PENFIELD? (IE: FINANCIAL, MATERIALS, OTHER)? PLEASE LIST OR IDENTIFY:

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*I understand that this is an application for a community service project, and not a commitment or promise of an opportunity. I certify that I have and will provide information throughout the selection process, including on this application and in interviews with Penfield Recreation that is true, correct and complete to the best of my knowledge. I understand that the information contained on my application will be verified by Penfield Recreation and I hereby give permission for Penfield Recreation to contact anyone deemed necessary to investigate or verify any information provided by me to discuss my suitability for a community service project, including my background, experience, education or related matters. I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action against anyone providing such information. I understand that misrepresentations or omissions may be cause for immediate rejection as an applicant for a project with Penfield Recreation. I understand that a certain amount of risk is inherent to some projects and I hereby for my child, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Town of Penfield and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity I am participating in. I understand that I am required to abide by all rules and regulations of the Town of Penfield Recreation Department.*

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ (parent/guardian if under 18)

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OFFICE USE ONLY:

REFERRED TO: PTC CHAIR \_\_\_ PCVG CHAIR \_\_\_ PARKS FOREMAN \_\_\_ RECREATION DIRECTOR \_\_\_