



VOLUNTEER APPLICATION

Town of Penfield Recreation Department
1985 Baird Rd., Penfield, NY 14526



FIRST NAME _____ LAST NAME _____ MI _____

ADDRESS _____ CITY/TOWN _____ ZIP _____

PHONE (home) _____ (work) _____ (cell) _____

EMAIL ADDRESS _____ AGE _____

EMERGENCY CONTACT _____ PHONE _____ RELATIONSHIP _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? If yes, please explain the nature of the crime and date of conviction. *(Conviction of a crime is not automatic disqualification for volunteer work)* _____

EMPLOYMENT: Last or current employer _____ Phone _____

Address _____ Position held _____

HIGHEST LEVEL OF EDUCATION COMPLETED: __High School __College __Graduate School __Other

LANGUAGE(S) SPOKEN _____ PHYSICAL LIMITATIONS _____

REFERENCES – *please list two references not related to you.*

Name _____ Phone _____ Relationship _____

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DO YOU HAVE ANY CERTIFICATIONS? (First Aid, CPR, etc.) _____
If yes, please list -

Certification _____ Date of Certification _____ Expiration _____

Certification _____ Date of Certification _____ Expiration _____

(continued on reverse)

SPECIAL INTERESTS, SKILLS, GIFTS OR TALENTS YOU POSSESS _____

WHAT AREA ARE YOU INTERESTED IN VOLUNTEERING? __ Youth __ Teens __ Adults __ Seniors
__ Aquatics __ Special Events __ Office __ Other _____

WHY DO YOU WANT TO VOLUNTEER WITH PENFIELD RECREATION? _____

HOW LONG ARE YOU INTERESTED IN VOLUNTEERING FOR? (i.e.: 5 hrs, 3 mos, 2 yrs, indefinite, etc.) _____

AVAILABILITY:

Monday _____ Tuesday _____
Wednesday _____ Thursday _____
Friday _____ Saturday _____
Sunday _____

I understand that this is an application for volunteering, and not a commitment or promise of volunteer 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 volunteer position, including my background, volunteer 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 volunteer position with Penfield Recreation or my termination as a volunteer. I understand that a certain amount of risk is inherent to some volunteer recreation activities and I hereby for my child, my heirs, executors, and administrators, waiver 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 volunteering for. I understand that I am required to abide by all rules and regulations of the Town of Penfield Recreation department.

Based on volunteer position/duties, volunteer applicants are subject to a background check per Town of Penfield policy.

PRINT NAME _____ DATE _____

SIGNATURE _____ (parent/guardian if under 18)