



VOLUNTEER APPLICATION FORM

Name (Last):		Name (First, MI):		Date:			
Street Address:		City/State/Zip:		Phone:			
Email Address:		Emergency Contact (Name & Number):					
Volunteer Position Desired:							
Dates of Volunteer Service: From To							
Please list the times that you will be available to volunteer.							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							
Education	Name of Institution & Location:				Number of Years Completed:	Diploma/Degree:	
High School							
College							
Current Employer Name:							
Street Address:		City/State/Zip:			Phone:		
Title:		Dates of Service: From To					
References (Please provide at least one personal or professional reference.)							
Name (Last):		Name (First):		Phone:		Years Known:	
Other Information							
List any professional training or certifications or special skills, licenses, or other related items:							
During the last seven years, have you ever been convicted of a crime other than minor traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please explain:							

All volunteers working in youth sport activities must complete an annual concussion recognition education course specified by the District prior to coaching any youth sport. Certificates of completion must be presented at the time of application.

I understand that this is an application for and not a commitment or promise of a volunteer opportunity. I certify that all information provided is true and complete. I understand that the falsification, misrepresentation or omission of fact on this application will be cause for denial of volunteer opportunities. I understand that I will be subject to a background check before I begin my volunteer service and will be re-checked periodically based on length of volunteer service (5 years or more).

If I am offered a volunteer position with Foothills Park & Recreation District, I understand I am to follow the Code of Conduct. I understand that the use or possession of alcohol or illegal drugs prior to or during the activity I am volunteering for is prohibited. I further understand that I will not receive any type of compensation for my volunteer services and that I am not covered under Foothills Park & Recreation Districts' Workers' Compensation should I suffer any type of illness or injury.

Signature (Parent's signature required if minor)

Date