VOLUNTEER APPLICATION

TOWN OF PENFIELD RECREATION DEPARTMENT
1985 BAIRD ROAD, PENFIELD NY 14526

NAME _____
Last First Middle Initial

ADDRESS _____ CITY/TOWN _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

OCCUPATION (Student, Teacher, etc.) _____WHERE? _____

SOCIAL SECURITY NUMBER _____

Do you have a valid New York State Driver's License? Yes_____ No _____

Were you ever convicted of any violation of law? Yes_____ No _____
If yes, please list conviction or violation _____

Can you perform the essential functions of the position that you are volunteering for with reasonable accommodations, if needed? Yes_____ No _____
Please explain accommodations needed (if any): _____
_____

IN CASE OF EMERGENCY, Name of Nearest Relative _____
Address_____Phone_____

EDUCATION: List number of years completed.
High School _____ College _____ Graduate School _____

PLEASE CIRCLE THE POSITION YOU WISH TO VOLUNTEER FOR:

1. Park Worker
2. Office Worker
3. Lifeguard
4. Special Event Worker
5. Youth Activity Leader/Asst_____Program
6. Adult Activity Leader/Asst_____Program
7. Teen Activity Leader/Asst_____Program
8. Other _____

Do you hold current Red Cross Certifications? _____ If so, which one(s)? _____

If previously employed by the Town of Penfield, please list the position which you held: _____
_____

Please list any special skills or talents you may have _____
_____

EXPERIENCE: Complete the following in terms of your past experience in related and other fields, including volunteer or work experience (please continue on back if necessary).

POSITION	TOTAL NO. OF MONTHS	ORGANIZATION NAME

REFERENCES: Give the names of 2 persons not related to you.

	Name	Address & Phone	Business/Relationship
1			
2			

I certify that all statements herein are true and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of placement. I authorize checking of my references. I understand that I am required to abide by all rules and regulations of the Town of Penfield Parks and Recreation Department.

Signature of Applicant_____ Date_____