



| | For Office use only |
|-------|---------------------|
| Date: | |

Program: ___

Hours Worked: ____

VOLUNTEER APPLICATION

(Please print)

| Volunteer Position: | Today's Date: |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Name: | |
| Home Address: | |
| City/State/Zip: | |
| Work Phone: | Home Phone: |
| E-mail: | Cell Phone: |
| Best way to contact you: Daytime Phone | e 🗆 Evening Phone 🗆 Cell Phone 🗆 E-mail |
| Personal Information : I am 16 years or old | ler |
| Contact information in case of emergency: | Name: |
| Relationship: | Phone #: |
| Medical Information: Are there any allergies, med | dical issues or disability concerns that we should be aware of? |
| Education: (check all that apply): | chool Graduate 🛛 Undergraduate Degree 🗆 Graduate Degree |
| Employment Information (please check): | Employed 🗆 Unemployed 🗆 Retired 🗆 Student |
| Please list employer's name or school attendi | ing: |
| Occupation: | |
| Previous Volunteer Experience: | |
| Please list any information that you consider pertinen School honors, skills, strengths, training and /or exper | nt to your interest in volunteering; including professional affiliations, rience: |
| Are you a returning volunteer? | □ No |
| References: We reserve the right to check references who would be willing to serve as personal references. | ences on all potential volunteers. Please list two people nces who have known you for at least one year. |

| Last Name: | _First Name: | _ Phone #: |
|------------|--------------|------------|
| Last Name: | _First Name: | _ Phone #: |

| General Information: Affirmative response to the following question will not automatically exclude you from volunteering. | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------|--|
| Have you ever been convicted of an offense in an adult court? | \Box No \Box Yes | |
| If yes, please explain: | | |
| | | |

I agree to perform the volunteer duties to which I am assigned to the best of my ability and in a professional manner.

I understand that as a volunteer, authorized by the Program Director, I am afforded liability protection with respect to damages to third parties to the same extent as town employees, as long as I am acting within the scope of my duties as a volunteer. The Town of Stowe assumes no liability for injury to myself or damage to my personal property unless caused by the negligence of the Town.

On behalf of myself and/or my child, I understand that there are inherent dangers in any recreational activity or program such as slips, falls, and various athletic injuries related to sports and play. I/we hereby release and hold harmless the Town of Stowe, Vermont, its officials, agents and employees from liability or obligation arising from, or in connection with, my/my child's volunteer activities.

If volunteer is under 18 years of age, a parent or guardian must consent to an applicant's working as a volunteer. I hereby consent to my child's participation in the Stowe Parks & Recreation volunteer program.

Parent/Guardian

I hereby certify that the information provided above is true and complete to the best of my knowledge.

If necessary, I give Stowe Parks & Recreation my permission to do a background check prior to my volunteer assignment.

I understand that I will not be paid as a volunteer. Stowe Parks & Recreation reserves the right to photograph programs and volunteers for publicity purposes.

Name of Applicant

Date

Date