



	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
<b>Personal Information</b> :  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?
<b>Education:</b> (check all that apply):	chool Graduate 🛛 Undergraduate Degree 🗆 Graduate Degree
<b>Employment Information</b> (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
<b>References:</b> 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