



Skowhegan Parks & Recreation Department

Volunteer Application



Location: 39 Poulin Dr / Mailing: 225 Water St
Phone: 474-6901/Fax: 474-6913 Email: skowrec@skowhegan.org

Please Check: Volunteer Coach Community Service Student (National Honor Society/Co-Op)

Other: _____

Program/Activity of Interest? _____ Grade/Age Level? _____

Are you available on a particular day of the week, etc.? _____

Name: _____ Date of Birth _____

Group or Organization (if applicable): _____

Mailing Address: _____ Driver's License# _____

Home Phone# _____ Cell # _____

Email Address: _____ T-Shirt Size: _____

Emergency Contact: _____ Phone# _____

Are you certified? National Youth Sport Coaches Assoc.? Y___ N___ First Aid? Y___ N___ CPR? Y___ N___

Other: _____

VOLUNTEER CODE OF CONDUCT: To ensure that both participant and volunteers have the best experience possible, we have adopted the Town Department values of **R.E.S.P.E.C.T.** for all staff and volunteers.

- ***R**esponsibility: I will fulfill the responsibilities of my assignment.
- ***E**quity: I will follow directions, policies and procedures.
- ***S**afety: I will be aware of my surroundings for everyone's safety and report any problems.
- ***P**rofessionalism: I will set a good example for participants and be an advocate for inclusive by ensuring equal access to all children.
- ***E**thics: I will demonstrate good sportsmanship through honesty and trust.
- ***C**ommunication: I will understand my role and expectations as a volunteer, and value constructive feedback.
- ***T**eamwork: I will cooperate with others to support positive service in our community.

The facts set forth above in my application are true and complete. I understand that if I volunteer, false statements on this application shall be considered sufficient cause for dismissal.

I hereby request and authorize you to furnish the Skowhegan Parks & Recreation Department with any and all information they may request concerning my work record, criminal record, and general reputation. This authorization is specifically intended to include and all information of a confidential or privileged nature as well as photocopies of such documents if requested. The information will be used for the purpose of determining my eligibility to serve as a volunteer for the Skowhegan Parks & Recreation Department and/or Skowhegan Community Center. I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a volunteer. This release will expire 60 days after the date signed.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:
Background Check Completed: Date: _____ Approved: _____

NYSCA Certification Date: _____ #: _____

Director Signature: _____