

Claremont Parks & Recreation Department Volunteer Application Form

NAME (*First, Middle and Last*) _____

SOCIAL SECURITY NUMER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____ SEX _____

I AM INTERESTED IN VOLUNTEERING FOR (what age group and sport):

DAYS AND TIMES YOU ARE AVAILABLE:

M: _____ T: _____ W: _____ TH: _____ F: _____ ST: _____ SN: _____

PREVIOUS EXPERIENCE IN YOUTH PROGRAMS, SKILLS, & INTERESTS:

LIST ANY CERTIFICATIONS _____

CURRENT EMPLOYER _____

PERSONAL REFERENCES (Not a relative)

(Name) (Address) (Phone)

(Name) (Address) (Phone)

I release, absolve, and hold harmless the CSBCC, Parks & Recreation Dept., and staff in case of injury to myself/son/daughter. I also authorize that necessary medical attention be given by a qualified physician in the event of an emergency.

(Name) (Date)

RETURN TO:

The Claremont Parks & Recreation Department
152 South Street
Claremont, NH 03743
ATTN: Superintendent of Recreation Programs/Assistant Director
splaplante@claremontnh.com