



VOLUNTEER APPLICATION

Name: _____
(First) (Middle) (Last)

Social Security Number: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Date of Birth: _____

Occupation: _____ Job Title: _____

Employer: _____ Address: _____

Special professional training, skills, hobbies: _____

Previous Volunteer Experience: Year: _____ Description: _____

Year: _____ Description: _____

Do you have children in the program? _____ If yes, what level? _____

Special Certification (CPR, medical, etc.): _____

Do you have a valid driver's license? _____

Accident or traffic violations? _____ If yes, explain: _____

Have you ever been convicted of any crime (s)? _____ If yes, explain: _____

I give permission for the Harrisonburg Parks and Recreation Department to conduct a background check on me which may include a review of criminal and child abuse records maintained by governmental agencies. I understand that if appointed, my position is conditional upon the Harrisonburg Parks and Recreation Department receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability to the local league, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that regardless of previous appointments I may not be appointed to a volunteer position. If appointed I understand that, prior to expiration of my term, I am subject to suspension by the Harrisonburg Parks and Recreation Department.

Applicant: _____ Date: _____ Applicant Name: _____
(Signature) (Please Print)

NOTE: The local league and the Harrisonburg Parks and Recreation Department will not discriminate against any person on the basis of race, creed, color, national origin, marital status, sex or sexual orientation, or disability.