

THOMPSON RECREATION

860-923-9440

VOLUNTEER POSITION APPLIED FOR:

**A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION
MUST BE ATTACHED TO THIS APPLICATION.**

PERSONAL DATA

Name _____ Date of Birth _____

Mailing Address _____ Town _____ State _____ Zip _____

Street (if different from above) Address _____ Town _____ State _____ Zip _____

Telephone Numbers (Home) _____ (Cell) _____

E-mail _____

In case of emergency, please notify:

Name _____ at (phone number) _____

Employer _____

Address _____

May we contact you at your work number? If yes, please list number _____

Special professional training, skills, hobbies _____

Community Affiliations (Clubs, Service Organizations, etc.)

Previous Volunteer experience _____

Do you have children in the program? Yes _____ No _____ If yes, list full name, age and program

Special certification (i.e. CPR, Medical, etc.) _____

Do you have a valid Driver's License? Yes _____ No _____ Driver's License # _____ State _____

Have you ever been convicted or plead guilty to any crime(s)? Yes _____ No _____

If yes, please explain in full (if more space is needed, attach statement to this form)

Have you ever been refused participation in any other youth program? Yes _____ No _____

If yes, explain
