



BRUNSWICK PARKS AND RECREATION DEPARTMENT

VOLUNTEER INFORMATION SHEET

ACTIVITY: _____ **DATE:** _____

NAME: _____ **MALE:** _____ **FEMALE:** _____

HOME PHONE: _____ **WORK PHONE:** _____

ADDRESS: _____

CITY: _____ **COUNTY:** _____ **ZIP:** _____

NAME OF PROGRAM FOR WHICH YOU ARE VOLUNTEERING: _____

LEAGUE OR AGE PREFERENCE: _____

SHIRT SIZE: _____

**Thank you for volunteering with the Brunswick Parks and Recreation Department.
Your time and effort will help us make a difference in our community.**

BRUNSWICK MULTI-PURPOSE CENTER
VOLUNTEER APPLICATION

NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBERS:

HOME: _____

CELL: _____

WORK: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

DATE OF BIRTH: _____

EMERGENCY CONTACT (Two Please)

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: Home _____ Cell _____ Work _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: Home _____ Cell _____ Work _____

DAYS AND HOURS AVAILABLE:

VOLUNTEER WORK YOU WISH TO DO

WHICH PROGRAM: CONGREGATE MEALS _____ ADULT DAY CARE: _____

AREAS OF INTEREST: (HOBBIES, LEISURE, WORK)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____

IF YES PLEASE EXPLAIN: DATE: _____

CONVICTION:

PLEASE PROVIDE TWO PERSONAL OR PROFESSIONAL REFENCES:

NAME: _____

TELEPHONE NUMBER: Home _____ Cell _____ Work _____

ADDRESS: _____

NAME: _____

TELEPHONE NUMBER: Home _____ Cell _____ Work _____

ADDRESS: _____

I UNDERSTAND THAT I GIVE PERMISSION FOR THE STAFF OF THE BRUNSWICK MULTI-PURPOSE CENTER TO ASK ME AT ANY TIME DURING THE NORMAL WORKING HOURS TO VOLUNTEER FOR THE VOLUNTEER JOBS I HAVE LISTED. I UNDERSTAND THAT IF I'M PHYSICALLY UNABLE TO PERFORM THE LISTED JOBS I WILL BE EXCUSED.

I UNDERSTAND THAT THE CITY OF BRUNSWICK WILL CONDUCT A BACKGROUND CHECK PRIOR TO MY VOLUNTEERING.

SIGNATURE: _____

DATE: _____