



## VOLUNTEER APPLICATION

### APPLICANT INFORMATION

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_  
(Address) (City/State) (Zip Code)

Mailing Address \_\_\_\_\_  
(Address) (City/State) (Zip Code)

Email Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Referred By? \_\_\_\_\_

### VOLUNTEER OPPORTUNITIES (Please check which programs you are interested in working in)

\_\_\_ Office Work

\_\_\_ Outdoor Programs

\_\_\_ Pre School Age Programs

\_\_\_ Fitness Program

\_\_\_ Youth Programs

\_\_\_ Special Events & Fundraising

\_\_\_ Youth Sports Coach (Please complete sports coach section on back of application)

Days/hours available to volunteer:

\_\_\_ No Preference \_\_\_ Mon. \_\_\_ Tue. \_\_\_ Wed. \_\_\_ Thu. \_\_\_ Fri.

\_\_\_ Seasonal (please specify) \_\_\_\_\_ Times of Day

Other Information you would like us to know

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**Sport Coaches Only**

**Sport** \_\_\_\_\_ **Coaching Position Desired** \_\_\_\_\_

**Age Group** \_\_\_\_\_ **Grade** \_\_\_\_\_ **School** \_\_\_\_\_

**Child/Children's name(s) you wish to coach** \_\_\_\_\_

**Have you ever coached for Sisters Park and Recreation District?**     **Yes**     **No**

**PLEASE READ CAREFULLY**

In exchange for the consideration of my volunteer application by the Sisters Park Recreation District, I agree that:

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for rejection of my application or dismissal from a volunteer position at any time without any previous notice. I hereby give the District permission to review public records regarding my personal and professional background, and to contact schools, previous employers, references, and others, and hereby release the District from any liability as a result of such contacts. I agree immediately to notify the District if I should be convicted of a crime while my volunteer application is pending, or during my volunteer assignment, if I am accepted.

I understand that criminal history verification will be conducted.

I assume responsibility for all risks, hazards and injuries incidental to the conduct of the activity and I do further release, absolve, indemnify and hold harmless the organizers, supervisors, the Sisters Park and Recreation District, any and all of them. In case of personal injury, I hereby waive all claims against the organizers, the Sisters Park and Recreation, or any supervisors appointed by them. I hereby give my consent for emergency medical treatment. I understand that the District does not provide insurance coverage and that this is a personal responsibility. I also agree to allow the District to use and reproduce my name and/or likeness in District publications and information.

I understand that I will not be compensated for my volunteer service with the Sisters Park and Recreation District.

Sisters Park and Recreation District is an equal employment opportunity employer and extends this philosophy to volunteers. We adhere to a policy of making employment and volunteer placement decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, disability, or any other status protected by law.

Thank you for completing this application form and for your interest in our organization.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Parent/Guardian (if applicant is under 18 years of age) Date

**Sisters Park and Recreation District**  
**PO Box 2215**  
**Sisters, Oregon 97759**  
**541-549-2091 phone      541-549-0997 fax**  
**www.sistersrecreation.com**

