

# HAMLIN RECREATION VOLUNTEER APPLICATION

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COACH     ASSISTANT COACH     DIVISION \_\_\_\_\_    SHIRT SIZE \_\_\_\_\_

SCHOOL SCREAMS     YOUTH PROGRAMS     OFFICE/CLERICAL     OTHER

Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License# \_\_\_\_\_

Email# \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Pertinent professional training, skills, hobbies \_\_\_\_\_  
\_\_\_\_\_

Community affiliations, clubs, organizations, etc. \_\_\_\_\_  
\_\_\_\_\_

Do you have specialized certification? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please state type and level: \_\_\_\_\_

Have you been convicted of any crimes? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe \_\_\_\_\_

Have you had any vehicle accidents or traffic violations? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain \_\_\_\_\_

Have you been refused participation in any youth program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain \_\_\_\_\_

Do you have a medical condition that may restrict your activity? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe: \_\_\_\_\_

### **Liability and Consent Statement:**

I assume all risk and hazards incidental to the conduct of activities in which I am involved. I give permission for the Hamlin 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 my position is conditional upon the Recreation Department receiving no inappropriate information on my background. I release and agree to hold harmless from liability the Hamlin Recreation Department, the Town of Hamlin, the officers, employees and volunteers or any other person or organization that may provide such information. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary for myself when normal permission is unavailable. I certify that I am in good physical health and have no limitations which may predispose me to risk. I also fully realize that I must provide proper medical and hospital coverage. I also understand that regardless of previous appointments, I may not be appointed to a volunteer position. I give permission to Hamlin Recreation to print my name and/or image in new publications and/or on display.

Signature \_\_\_\_\_ Date \_\_\_\_\_