

Mt. Olive Recreation Volunteer Staff Application

Position Applying for: _____ Date: _____

Name _____ Social Security # _____
(last) (first) (middle)

Present Address _____ Phone: (____) _____
City State Zip

Permanent Address: _____ Phone: (____) _____
City State Zip

Date of Birth: _____ Age: _____ Nature of any physical limitations: _____

Education:

Circle years of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 Degree(s): _____ Certifications: _____

School Name	Location	City & State	Dates attended:	Major course of study
--------------------	-----------------	-------------------------	------------------------	------------------------------

Experience: (List volunteer service or work experience)

Employer	Address	Salary	Type of work
-----------------	----------------	---------------	---------------------

Volunteer Positions: (Position held in an Organization and type of work)

Organization	Contact	Phone	Position held	Type of work
---------------------	----------------	--------------	----------------------	---------------------

References: (Not family members – 1. From a volunteer organization, 2. Personal, 3. Work)

Name	Address	Phone	Occupation/Relationship
-------------	----------------	--------------	--------------------------------

1. _____			
2. _____			
3. _____			

Other Qualifications:

List organizations, associations, professional groups, etc. to which you belong:

Type of work/area of Recreation you are interested in:

Why do you want to work in this position?

What age groups do have experience working with?:

- | | |
|--|--|
| <input type="checkbox"/> Pre-school (1-5 years old) | <input type="checkbox"/> College (18-21 years old) |
| <input type="checkbox"/> Elementary (6-10 years old) | <input type="checkbox"/> Adults (21-64 years old) |
| <input type="checkbox"/> Middle School (11-13 years old) | <input type="checkbox"/> Senior Citizens (65 & up) |
| <input type="checkbox"/> High School (14-17 years old) | |

Indicate which (if any) you are currently certified in:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Adult CPR | <input type="checkbox"/> Child CPR | <input type="checkbox"/> Infant CPR | <input type="checkbox"/> Professional Rescuer CPR |
| <input type="checkbox"/> Basic First Aid | <input type="checkbox"/> First Aid Fast | <input type="checkbox"/> O2 | <input type="checkbox"/> AED |
| <input type="checkbox"/> _Babysitter's Training | <input type="checkbox"/> Basic Aid Training (BAT) | <input type="checkbox"/> Pet First Aid | |
| <input type="checkbox"/> Lifeguard Training | <input type="checkbox"/> Water Safety Instructor | <input type="checkbox"/> Safety training for Coaches | |
| <input type="checkbox"/> Coaches' training | <input type="checkbox"/> Referee/umpire training | <input type="checkbox"/> Other: _____ | |

Anything else you want to tell us? _____

Volunteer Commitment

If accepted as a volunteer, I will agree to the following commitments and policies:

1. I agree to serve as a volunteer for the Mt. Olive Recreation Dept. for a period of one year/season.
2. I will attending meetings, trainings, and appropriate activities as scheduled.
3. I will allow Mt. Olive Recreation to conduct a criminal records history background check. (18+ years of age)
4. I will honor all information concerning participants of Recreation Department programs as confidential.
5. I understand and will follow all Mt. Olive Recreation Dept. policies including those involving alcohol, drugs and no smoking on any Municipal or School Fields or Facilities as per Mt. Olive Township ordinance.
6. I understand and will follow all Volunteer Codes of Conduct.
7. I will always inform my supervisor in advance if I must miss or be late for a scheduled assignment.
8. I have received and understand the Termination policy.

Volunteer Confidentiality Statement

I hereby agree to regard all information received in the performance of my volunteer work for Mt. Olive Recreation as confidential. I understand Mt. Olive Recreation respects its participants, patrons, staff, and volunteer's rights with regard to privacy of information and I agree to respect these rights in the performance of my volunteer duties and to keep "professional" confidentiality in all my statements outside the agency.

Signature of Applicant