

# Volunteer Application



## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

## Education Information

Circle the last year of school completed.	5, 6, 7, 8, 9, 10, 11, 12, Some College, Bachelors, Masters, Doctoral
Skills and Training	
Other	

## Current Employer

Name of Company	
Address	
Phone	
Name of Supervisor	

## Availability

During which hours are you available for volunteer assignments?

Weekday mornings     Weekday afternoons     Weekday evenings  
 Weekend afternoons     Weekend evenings

## Interests

In which areas are you most interested in volunteering?

Senior Adult Programs     Special Events     Summer Camps     Parks  
 Outdoor Recreation     Preschool/Youth     Other

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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## Previous Volunteer Experience

Summarize your previous volunteer experience.

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## Why

List the reasons you want to become a volunteer.

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## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Agreement and Signature

I certify that the statements made on this application are true and correct and were voluntarily provided. I understand that this information may be disclosed to any party with legal and proper interest, and I release the City of Hilliard from any liability associated with supplying such information. I also understand that I will not be paid for services as a volunteer, and that completing this application does not guarantee a position of volunteer service. By signature hereof, I agree to provide fingerprinting for a criminal background check.

Name (printed)	
Signature	
Date	
Parent/Guardian Signature (if under 18 years of age)	

**Hilliard Recreation and Parks Department  
3800 Veterans Memorial Dr  
Hilliard, Ohio 43026**