



## VOLUNTEER APPLICATION

ST. ANDREW'S PARKS AND PLAYGROUND / ST. ANDREW'S FAMILY FITNESS PLUS!

### PERSONAL INFORMATION

NAME _____	DATE _____	EMAIL ADDRESS _____
ADDRESS		
Street _____		
City, State, Zip _____		
PHONE NUMBERS	HOW DID YOU HEAR ABOUT VOLUNTEERING?	
Home _____	<input type="checkbox"/> FRIENDS/FAMILY	<input type="checkbox"/> NEWSPAPER
Work _____	<input type="checkbox"/> CIVIC GROUP	<input type="checkbox"/> OUR WEB SITE
Cell _____	<input type="checkbox"/> SCHOOL AD	<input type="checkbox"/> JOB SERVICE
	<input type="checkbox"/> OTHER _____	

### PROGRAM OR SPORT DESIRED AND AVAILABILITY

POSITION(S) APPLYING FOR: _____	
DATE YOU CAN START: _____	
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THIS POSITION WITH OR WITHOUT REASONABLE ACCOMMODATIONS? PLEASE EXPLAIN.	DO YOU HAVE A SATISFACTORY DRIVING RECORD? YES OR NO. IF NO, EXPLAIN:
HAVE YOU EVER WORKED OR VOLUNTEERED FOR ST. ANDREW'S BEFORE? IF SO, LIST DEPARTMENT.	HAVE YOU EVER BEEN INVOLVED IN A SUBSTANTIATED CASE OF CHILD NEGLECT OR ABUSE? IF YES, EXPLAIN
NUMBER OF HOURS PER WEEK YOU WANT TO VOLUNTEER _____	
DAYS AND HOURS YOU ARE AVAILABLE TO WORK/VOLUNTEER:	
<b>SUN.</b> ____ TO ____, <b>MON.</b> ____ TO ____, <b>TUES.</b> ____ TO ____, <b>WED.</b> ____ TO ____, <b>THURS.</b> ____ TO ____, <b>FRI.</b> ____ TO ____, <b>SAT.</b> ____ TO ____	

### CURRENT EMPLOYMENT

DATES	EMPLOYER	CITY, STATE	SUPERVISOR	POSITION & DUTIES	SALARY	REASON FOR LEAVING
FROM						
TO			PHONE #			



**REFERENCES – PLEASE USE PERSONS UNRELATED TO YOU THAT HAVE SEEN YOUR WORK FIRSTHAND WITHIN THE PAST 3 YEARS**

NAME	PHONE NUMBER	RELATIONSHIP TO YOU	YEARS KNOWN	HAS THIS PERSON SEEN YOUR WORK?
1.		<input type="checkbox"/> SUPERVISOR <input type="checkbox"/> CO-WORKER <input type="checkbox"/> SUBORDINATE		
2.		<input type="checkbox"/> SUPERVISOR <input type="checkbox"/> CO-WORKER <input type="checkbox"/> SUBORDINATE		
3.		<input type="checkbox"/> SUPERVISOR <input type="checkbox"/> CO-WORKER <input type="checkbox"/> SUBORDINATE		

**PLEASE READ:**

Please understand that the following acts may result in the refusal to be employed at our organization: use of profanity, continued displays of poor sportsmanship, flagrant violations of the ruled set forth by our organization, poor coaching, and/or excessive complaints by participants or parents. Termination or rejection of a person's employment will occur if found to have endangered a child.

**AUTHORIZATION**

"I certify that the information contained in this application is true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.  
 I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and/or volunteer experience and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.  
 I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the Executive Director."

This application is not valid unless it is signed and dated!

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

\_\_\_\_\_  
 Today's Date

Thank you for your interest in St. Andrew's Parks and Playgrounds!

**EQUAL OPPORTUNITY EMPLOYER**