

HAMLIN RECREATION VOLUNTEER APPLICATION



What event or team would you like to volunteer for?

(Friends of Hamlin Recreation? Coach/Assistant Coach? Division? Other – please specify)

Date of event or team start? _____

Name (first + last) _____ Birth Date _____

Address: _____ Town: _____ State _____ Zip _____

Telephone _____ Email _____

Social Security # (coaching applicants only) : _____

Driver's License # (coaching applicants only) : _____

Employer/School _____ Job Title _____

Pertinent (professional?) skills: _____

Community Affiliations, clubs, organizations, etc.: _____

Specialized certification? YES _____ NO _____ Type/Level? _____

Have you been convicted of any crimes? YES _____ NO _____

If YES, please describe: _____

Have you had any vehicle accidents or traffic violations? YES _____ NO _____

If YES, please describe: _____

Have you been refused participation in any youth programs? YES _____ NO _____

If YES, please describe: _____

Do you have a medical condition that may restrict your activity? YES _____ NO _____

If YES, please describe: _____

Liability and Consent Statement:

I assume all risk and hazard incidental to the conduct of activities in which I am involved. I give permission to 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 of 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 the Hamlin Recreation department to print my name and/or image in new publications and/or on display.

Signature _____ Date _____

