

Volunteer Application

Contact Information

Name:	
Street Address:	
City, ST, Zip Code:	
Work Phone:	
Cell Phone:	
Company You Work For:	
Email Address:	
Preferred Method of Contact:	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

What hours would you like to work? FROM _____ (am/pm) TO _____ (am/pm)

What days of the week would you like to work? Check all that apply:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Interests

- | | |
|---|--|
| <input type="checkbox"/> Park Cleanups | Which Park(s)? |
| <input type="checkbox"/> Tree Plantings | Which Park(s)? |
| <input type="checkbox"/> Dog Parks | |
| <input type="checkbox"/> Horticulture/gardening | Which Parks(s)? |
| <input type="checkbox"/> Trail Maintenance | |
| <input type="checkbox"/> Carpentry | Area of Expertise? |
| <input type="checkbox"/> Mentoring Youth | Are you a parent of a Star Center youth? |
| <input type="checkbox"/> Helping people with disabilities | |
| <input type="checkbox"/> Senior Citizens | |
| <input type="checkbox"/> Fundraising | |
| <input type="checkbox"/> Sports | Which sports? |
| <input type="checkbox"/> Special Events | Which special events interest you? |

Do you have a number of hours you are required to fulfill? Yes No

If so, how many hours? _____ How long do you have to complete your hours? _____

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. Attach an additional sheet if necessary.

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Previous Volunteer Qualifications

Summarize your previous volunteer experience.

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Person to Notify in Case of an Emergency

Name:	
Relationship to You:	
Street Address:	
City, ST, Zipcode:	
Home Phone:	
Cell Phone:	

Do you have any health issues that we should know about in case of an emergency?

Yes _____ No _____

If yes, please identify physical limitations, medical conditions, allergies and/or medications:

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Background Information

Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All volunteers are required to have a background check before they begin work. Do you consent to do this?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Agreement & Signatures

By signing this agreement, you agree to follow guidelines throughout the course of your volunteer work listed below:

- I agree to report any illness or injury to my Park Contact and authorize emergency medical care should it become necessary. Injuries will be reported no matter how minor.
- I agree to report all volunteer hours to the department on a monthly basis.
- I agree to abide by all safety procedures during the course of my volunteer work.
- I agree not to be under the influence of alcohol or any illegal drugs while performing volunteer services.
- I understand that the Parks and Recreation Department may terminate this agreement at any time without cause, and I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

I understand that I am offering my services to the City of Stamford without compensation. Once I become a City of Stamford volunteer, I agree to abide by all city rules, regulations and policies.

Photo Release: By registering for any City of Stamford Parks and Recreation Department program, you agree to allow publication of any photos taken to be used in social media campaigns, brochures, newsletters, or flyer.

Volunteer Name Printed:	
Signature:	
Today's Date:	
Parent Signature if Junior Volunteer (14 or under)	

Completed Application Instructions

Thank you for completing this application form and for your interest in volunteering with us. Any questions please call Kevin Murray at 203-977-4606.

Please email application to kmurray@stamfordct.gov or drop off to:

City of Stamford Parks and Recreation Department
Attention: Kevin Murray
888 Washington Boulevard, 10th Floor
Stamford, CT 06901

Park Director Signature:	
Date:	