



Williston Recreation & Parks

7900 Williston Road, Williston, VT 05495

Phone: (802) 876-1160

Email: recreation@willistonvt.org

Volunteer Application

Applicant Information:

DATE OF APPLICATION: _____

Last Name: _____ First Name: _____ MI _____

Phone Numbers: _____
Cell _____ Home _____ School/Work _____

E-mail Address: _____

Address: Street: _____ City: _____ State: _____ Zip: _____

Have you volunteered for the Town of Williston before? _____ If so, in which dept? _____

Which Programs are you interested in Volunteering for? (Please list what programs you are interested in)

Briefly describe what experience/special skills you bring to the area of interest you have indicated:

Education:

High School: _____ Present Grade or Degree: _____

College: _____ Present Grade or Degree: _____

Other: _____ Present Grade or Degree: _____

Certifications: (List the certifications that you hold and their expiration dates)

Certification	Organization	Expires
_____	_____	_____
_____	_____	_____

Volunteer Experience: (List the most recent volunteer work that you have participated in)

Organization Name: _____ From _____ To _____

Description of Responsibilities: _____

Organization Name: _____ From _____ To _____

Description of Responsibilities: _____

Club Experience: (List the most recent Clubs that you have belonged to)

Club Name: _____ From _____ To _____

Description of Club: _____ Did you hold an officers position? _____

Club Name: _____ From _____ To _____

Description of Club: _____ Did you hold an officers position? _____

Employment History: (List the most recent work experiences, beginning with your current or most recent position)

Company Name: _____ Employed From _____ To _____

Description of Responsibilities: _____

Company Name: _____ Employed From _____ To _____

Description of Responsibilities: _____

Personal Reference: *(List two individuals, not related to you, that can provide a character reference on you)*

Name: _____ Home Phone: _____

Relationship: _____ How many years have they known you? _____

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Requirements for Volunteering: *(All potential volunteers must meet the following minimum requirements)*

1. Must be 16 years of age or older at the time of volunteering.
2. Must complete a release and pass all department background checks.

Applicant's Waiver/Release:

I acknowledge that the information that I have provided on this application, to the best of my knowledge, is the absolute truth. I further acknowledge that if any information herein is determined to be untrue, misleading, or omitted it will result in immediate dismissal, regardless of the time of discovery by the Williston Recreation & Parks Department. I authorize investigation of all statements herein and release the Williston Recreation & Parks Department and all others from liability in connection with same.

I acknowledge that by signing this form I agree to abide by the Williston Recreation & Parks Department's philosophy and I further agree to do my best to provide the participants in the programs or activities that I volunteer a FUN, FAIR, POSITIVE, MEANINGFUL, and SPORTSMANLIKE experience.

Applicant's Signature: _____ **Date:** _____

Parent/Guardian's Permission: *(If under 18 parent or guardian must fill out and sign)*

Parent's Name: _____

Home Phone: _____ Cell: _____ Work: _____

I have read the Volunteer Application of my child and hereby give permission for him/her to volunteer with the Williston Recreation & Parks Department. I also give permission for my child to have background checks completed.

Signature: _____ **Date:** _____

Feb 2017

Additional Information: *(Please provide any additional information that you would like us to know about yourself)*