



Community Recreation Volunteer Application

Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Alternate Phone: _____

Employer: _____ Birthdate: _____ Email Address: _____

Please indicate which volunteer opportunities you are interested in:

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Athletic Special Events</p> <p><input type="checkbox"/> Local Track Meet</p> <p><input type="checkbox"/> Pitch, Hit, Run Competition</p> <p><input type="checkbox"/> Punt, Pass, Kick Competition</p> <p><input type="checkbox"/> Swim Meets</p> <p><input type="checkbox"/> Tennis Tournament</p> <p><input type="checkbox"/> Tennis Block Party</p> | <p>Special Events</p> <p><input type="checkbox"/> Cheerleading Exhibition</p> <p><input type="checkbox"/> Trick or Treat</p> <p><input type="checkbox"/> Fall Kickoff</p> <p><input type="checkbox"/> Firecracker Fest</p> <p><input type="checkbox"/> Santa's Calling</p> <p><input type="checkbox"/> Swing Into Spring</p> | <p>Therapeutic Recreation</p> <p><input type="checkbox"/> Arts and Crafts</p> <p><input type="checkbox"/> Computer Assistance</p> <p><input type="checkbox"/> Fishing Rodeo</p> <p><input type="checkbox"/> Harvest Ball</p> <p><input type="checkbox"/> Stirrup Some Fun</p> <p><input type="checkbox"/> Sweetheart Ball</p> |
| <p>Senior Adults</p> <p><input type="checkbox"/> Arts & Crafts Activities</p> <p><input type="checkbox"/> Bingo</p> <p><input type="checkbox"/> Golden Olympics</p> <p><input type="checkbox"/> Senior Luncheons</p> | <p>School-Age Care Programming</p> <p><input type="checkbox"/> After School Program</p> <p><input type="checkbox"/> Activi-Days</p> | <p>Aquatic Special Events</p> <p><input type="checkbox"/> Splashy's Egg Dive</p> <p><input type="checkbox"/> Youth Triathlon</p> |

Have you ever been convicted of a criminal offense other than a minor traffic violation? Yes No
 If so, please explain: _____

Do you have any experience(s) relevant to the areas in which you would like to volunteer? Yes No
 If so, please explain: _____

Please list the times that you are available to volunteer:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |

Are you required to have volunteer hours? Yes No
 Class/Reason for Volunteering: _____

Please return along with a signed background check consent form to: **SBCPRD**

Attn: Kimberly Sharpe
P.O. Box 408
Statesboro, GA 30459
FAX: 912-764-2425

I, the undersigned, understand that as a volunteer of community recreation that I will be expected to follow all the rules and regulations as set forth by the Statesboro-Bulloch County Parks and Recreation Dept. I also understand that a failure to comply with all the rules may result in termination of my services.

Signed: _____ **Date:** _____