

# TOWN OF RYE RECREATION DEPARTMENT VOLUNTEER APPLICATION 2012

## Volunteer Positions

Please check the position(s) you would like to apply for.

Soccer Coach  Basketball Coach  Ski/Snowboard Program  Afterschool Program   
Other  \_\_\_\_\_

## Personal Information

\*Legal Name (required) \_\_\_\_\_ Date \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home E-mail Address \_\_\_\_\_

Work E-mail Address \_\_\_\_\_

\*Date of Birth (required) \_\_\_\_\_ Sex Male  Female

\*Social Security Number (required) \_\_\_\_\_

Special professional training, skills, hobbies \_\_\_\_\_

Community affiliations (Clubs, Service Organization, etc.) \_\_\_\_\_

Previous volunteer experience and year \_\_\_\_\_

Do you have children in the program? Yes  No

If yes, list full name(s) \_\_\_\_\_

Special Certification (CPR, First Aid, etc.) \_\_\_\_\_

Do you have a valid driver's license? Yes  No

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime(s) Yes  No

If yes, describe \_\_\_\_\_

**Employment**

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**References**

Please list 2 non-family references.

Name	Relationship	Daytime Phone	Evening Phone
_____	_____	_____	_____
_____	_____	_____	_____

I herby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, the Town of Rye Recreation Department may end the relationship if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I herby grant permission to The Town of Rye Recreation Department to conduct a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history records. I understand and agree that, if appointed, my position is conditional upon the Recreation Department receiving no inappropriate information on my background. I further agree to report in writing to the Recreation Director any changes to this application that occur after being approved as a volunteer. I also agree to indemnify and hold harmless the Town of Rye, the Recreation Commission, its employees, volunteers and agents from and against all claims, loss or liability of any kind or nature for any possible injury incurred during volunteer service.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (Please print) \_\_\_\_\_

Please return to:

The Town of Rye Recreation Department  
10 Central Road, Rye, NH 03870  
Phone: (603) 964-6281  
Fax: (603) 964-1516  
larthur@town.rye.nh.us

<p>For office use only:</p> <p>Background check completed by _____ Date _____</p> <p><b>System(s) used for background check</b></p> <p>State/Federal Criminal History Records <input type="checkbox"/> Sex Offender Registry <input type="checkbox"/> SSCI <input type="checkbox"/> Other <input type="checkbox"/> _____</p>
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