

VOLUNTEER FORM

VOLUNTEER REGISTRATION FORM: REQUIRED OF ALL RECREATION VOLUNTEERS

If you are interested, please complete the form below and return to the Recreation Office. Remember, you do not need to be a PRO to coach! A Coach Clinic will be announced at a later date.

PRINT AND FILL IN ALL INFORMATION REQUESTED.

NAME(s): _____

PHONE: _____ EMAIL: _____

STREET: _____

TOWN: _____ STATE: _____ ZIP: _____

1. Volunteer Position(s) Applying For:

___ Coach-Which SPORTS? _____ Grades? _____

___ Other: _____

2. Briefly describe other volunteer experience and/or work experience _____

3. Please List/Describe any special SKILLS, Hobbies, Experiences: _____

4. Present Employer: _____

Company Name

Complete Address

Phone(____) _____ Supervisor's Name _____

5. Have you ever been convicted of a felony? _____

6. Do you feel you are a patient person who uses common sense and who can be a good role model for children _____

7. List the NAMES, POSITIONS, COMPLETE MAILING ADDRESSES of 3 persons NOT related to you whom we can contact for a reference (or 2 if you want to include your present employer):

A) _____

Full Name

Position

(____)

No. Street

Town

Zip

Phone

B) _____

Full Name

Position

(____)

No. Street

Town

Zip

Phone

C) _____

Full Name

Position

(____)

No. Street

Town

Zip

Phone

8. Is there any other information you would like us to know? _____

Signature _____

Date ____/____/____

Greenfield Recreation, 20 Sanderson Street, Greenfield, MA 01301