



Henrietta Parks & Recreation Volunteer Application



Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Emergency Phone: _____

School: _____ Advisor and #: _____

Grade: _____ Age: _____ DOB: _____ T-shirt size _____

(Volunteers must be at least 14 years old by the first day of the program)

Program applying for: _____

Program Volunteer Dates: _____ Total Hours Needed: _____

Days and Times you are available:

Times: AM PM Days: Monday Tuesday Wednesday Thursday Friday

Please list any interests, volunteer or work experiences, skills or training which would be of special benefit in the position you are applying for: _____

I hereby authorize the program staff to act for me according to their best judgment in any medical situation; I acknowledge that the Recreation Department does not provide accident insurance for program participants. I agree to hold the Town of Henrietta, its employees and agents harmless for any accident or incident occurring while my child or I participate in this program.

Reference Names and Phone Number:

1. _____
2. _____
3. _____

Signature _____
Parents Signature if under 18 _____
Parents Name (Print) _____



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