



# Henrietta Recreation Department Program Volunteer Application



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Present Year in School: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Program applying for: \_\_\_\_\_

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.

References

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

<p>Signature _____</p> <p>Parents Signature if under 18 _____</p>
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