

SUFFIELD PARKS & RECREATION DEPARTMENT

145 Bridge Street Suffield, CT 06078

(860) 668-3862

VOLUNTEER APPLICATION

PROGRAM: _____ DATE: _____

NAME: _____

ADDRESS: _____ HOME PHONE: _____

_____ ZIP: _____

EMAIL ADDRESS: _____

CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT _____ PHONE: _____

LIST ANY MEDICAL PROBLEMS, ALLERGIES, OR SPECIAL ASSISTANCE YOU MAY NEED (Please Be Specific):

HIGH SCHOOL: _____

COLLEGE: _____

REFERENCES:

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

INTERESTS/HOBBIES: _____

CERTIFICATIONS: WSI _____ LGT _____ CPR _____ FIRST AID _____ EMT _____

SPECIAL TRAINING: _____

DESCRIBE ANY VOLUNTEER WORK PREVIOUSLY PERFORMED: _____
