

East Granby Parks and Recreation Volunteer Application

(please include a resume if you have one)

NAME				
ADDRESS		CITY	STATE	ZIP
CELL PHONE		ИAIL	T-SHIRT	SIZE
NAME OF PARENT C	OR GUARDIAN			
PHONE	CELL	E-MAIL_		
MEDICAL HISTORY OF	APPLICANT (Allerg	gies, diabetic, asth	ma, medications pr	resently taking etc.)
SPECIAL PROFESSION	AL TRAINING, SKILL	S, HOBBIES		
COMMUNITY AFFILIA	TIONS (Clubs, serv	ice organizations,	etc.)	
PREVIOUS VOLUNTEE	R EXPERIENCE YEA	R		
SPECIAL CERTIFICATION	ONS HELD: I.E. CPR,	First Aid, etc		
HAVE YOU EVER BEEN	N CONVICTED OF AI	NY CRIME(S)? YES	NO IF YES, DESCRIE	BE EACH IN FULL
HAVE YOU EVER BEEN	N REFUSED PARTICI	PATION IN ANY O	THER YOUTH PROG	RAM? YES NO
IF YES, EXPLAIN:				
APPLICANT SIGNATUI	 RE		DATE	

The East Granby Parks and Recreation Department will not discriminate against any person on the basis of race, creed, color, national origin, marital status, sex, sexual orientation, or disability.