Wichita Park and Recreation

Volunteer Application

Date_____

Personal Information

Name:_____ Date of Birth:_____

Address:_____City:_____State:_____Zip:_____

Phone:(home)_____(cell)_____(work)_____

Email:_____Convenient time to contact you:_____

Related Experience

Work Experience

Employer	Position	Contact Person	Phone #	Dates of Employment

Volunteer Experience

Agency Name	Duty	Contact Person	Phone #	Dates

Education

School	Highest Grade completed	Degree/Diploma	Major	Date received

Emergency/Medical Information

Contact for Emergencies:_____ Phone #:_____

Relationship to you:_____ Alternate Phone #:_____

Do you have any illness/medical condition that would affect your ability to provide volunteer services?

Yes No If yes, please provide a list and explanation of the condition:_____

_____

_____

Interests and Skills

Please list any special skills and training:_____

_____

_____

Please list your interests and hobbies:_____

_____

_____

Criminal History

Have you ever been convicted for violation of a federal, state, county, or municipal law, regulation, or ordinance (other than a minor traffic violation)? Yes No If yes please explain:

_____

_____

References

Please list two references (adults, who are not relatives) that have known you for at least a year or more:

Name Relationship to you Phone # Alternate Phone #

_____

_____

Availability

Please mark the days and times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours available					

I hereby certify that all statements made in this application are true and correct to the best of my knowledge. I acknowledge that any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal.

I agree to indemnify and hold the City of Wichita and its employees harmless from any and all liability for any injury that I might incur arising out of or in any way connected to my participation in this program.

Applicant's Signature_____ Date_____