

Rochester Avon Recreation Authority

Return To: 500 E Second St. Rochester MI 48307
 Ph: (248) 656-8308 Fax: (248) 656 – 1502 www.RARArecreation.org

PROJECT VOLUNTEER APPLICATION

Complete all sections of this application

Type of project volunteer work you would like to do:	How did you hear about our volunteer programs? [Check a box below] <input type="checkbox"/> RARA Employee (name) _____ <input type="checkbox"/> RARA Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Website Newspaper <input type="checkbox"/> Other Website <input type="checkbox"/> Other: _____ <input type="checkbox"/> Organized Group _____	Date of Application
Name (Last, First, Middle)		
Mailing Address (Street or P.O. Box)	City	State Zip Code
E-Mail Address:	Day Phone:	Mobile Phone:
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No DL # _____	Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have your own health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Provider: _____

Additional Skills & Training Use this area to list any additional information you think would help us evaluate your application. Include special skills, training, licenses, and certifications that you possess that will aid you in performing the essential job-related functions of the volunteer position you are applying for (i.e.: computer classes, CDL, EMT or Paramedic licensing, cashing, heavy equipment or landscaping equipment experience.)
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Are you at least 16 years old? Yes No **(All City volunteers must be a minimum of 16 years old)**

EMERGENCY CONTACT			
Name	Telephone Number	Address	Relationship

APPLICANT CERTIFICATION
By submitting this application, I hereby authorize Rochester Avon Recreation Authority to perform e.g., criminal history check, reference checks, employment verification, etc. of any and all information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the volunteer position I am applying for. I release Rochester Avon Recreation Authority of any liability for use of this information in considering and reviewing my application.
I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.
SIGNATURE: _____ DATE: _____

OFFICE USE ONLY
Wristband required? <input type="checkbox"/> Date issued: _____ Volunteer Agreement signed: <input type="checkbox"/>

Admin Copy
 Supervisor Copy
 Director Copy

Approval			
Signature of Recreation Supervisor	Date	Signature of Executive Director	Date