



INDIVIDUAL VOLUNTEER APPLICATION
(For all volunteers who are applying for coaching positions)

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Mailing Address:

Street	Email:
City, ST, Zip	SSN:
Phone:	State of Issue: Exp Date:
Work/Cell/Message Phone:	Notify in case Emergency: Address/Phone:

Grade/Age Preferred: 1st _____ 2nd _____

List all available dates (i.e. girls season/boys season): _____ thru _____

Current Occupation: _____

Educational Background: _____ **School/College:** _____

Describe your experience working with school age children: _____

Describe your experience in this sport/activity: _____

Have you ever been a volunteer for another organization or agency? No or Yes **If yes, please list below:**

Location: _____ Dates: _____

Location: _____ Dates: _____

Location: _____ Dates: _____

Please list three references that are familiar with your experience with children and/or the above activity.

References	Address, City, State, Zip & Phone	# of Years

Do you have current emergency medical or CPR training or certification? No or Yes **Exp Date:** _____

Have you have been convicted of a felony? No or Yes **If Yes, explain:** _____

I, _____, hereby certify the information provided by me on this application is true and correct to the best of my knowledge and belief. I hereby grant the Crook County Parks and Recreation District (CCPRD), my permission to verify facts contained in this application. I hereby authorize the release of any relevant information such as reference checks, driving records, criminal history, education, work history and background for verifying my eligibility to volunteer at Crook County Parks and Recreation District (CCPRD).

Applicant's Signature: _____ **Date:** _____