

Town of Gates Recreation and Parks Department

1605 Buffalo Road, Rochester, New York 14624 Phone: 585-247-6100 Email: gatesrec@townofgates.org Town Supervisor Cosmo A. Giunta

Town Board Lee A. Cordero Christopher B. DiPonzio Andrew M. Loughlin Steve Tucciarello

> Recreation Director Daniel Hoock

OFFICE USE

Date Received

Interview Date _____ Interview Time

RECREATION & PARKS DEPARTMENT VOLUNTEER APPLICATION (9th & 10th graders)

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

PERSONAL INFORMATION:

Name:		Applicati	ion Date:
Last	First	Middle Initial	
Address:		City:	Zip:
Phone Number: ()	E-Mail Addr	ess:	
Do you have a valid New Yo	ork State Driver's Lice	nse or permit? <u>yes</u> no If y	yes, what class?
•	1 0	ction against you for any violation o	•
• •	-	nt an automatic bar to employment bilities of the position for which y	
Have you volunteered for the	e Town before? yes	s no	
Are you currently certified in	n First Aid or C	PR? If yes list type, level compl	leted and expiration dates:

EDUCATION:

High School Name	Expected Graduation Date	Course of Study Diplomas/Degree

<u>POSITION AVAILABILITY:</u> Please check off each week according to your availability:

Weeks of Camp:	Yes I'm available	No I'm not available any of the days for this week.	For those weeks marked yes, list the days (if any) you're unavailable during that week.
Mon., June 30 th – Thurs., July 3 rd			
Mon., July 7 th – Fri., July 11 th			
Mon., July 14 th – Fri., July 18 th			
Mon., July 21st – Fri., July 25th			
Mon., July 28 th – Fri., Aug. 1 st			
Mon., Aug. 4th – Fri., Aug. 8th			

VOLUNTEER HISTORY:

If you have previous volunteer experience, please list your most recent one below:

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Place or Company volunteered at:	Position Title:
Supervisor's Name and Telephone # or Email:	
	Dates employed: From / / To / /
Describe work performed:	<u> </u>

Briefly list other experience, skills, certifications, and/or specialized training you have which might have a bearing on this application.

REFERENCES:

Please list 3 people who are NOT related (example: coach or teacher) to you that could provide insight about you.

Name	Telephone	E-Mail	Relationship
1.			
2.			
3.			

IMPORTANT – PLEASE READ AND SIGN:

I hereby declare the information provided by me in this VOLUNTEER APPLICATION is true, correct, and complete to the best of my knowledge. I understand that no contract for volunteering is created by this application. I further understand my involvement with the Gates Recreation and Parks Department is contingent upon successful completion of a background check.

Date

The Town of Gates is an Equal Opportunity Employer. The Town of Gates prohibits discrimination on basis of Age, Sex, Race, Creed, Color, National Origin, Disability, Marital Status, or Sexual Orientation.

PLEASE RETURN THIS APPLICATION TO:

GATES RECREATION AND PARKS DEPARTMENT, 1605 BUFFALO ROAD, ROCHESTER, NY 14624

OFFICE USE ONLY			
References Checked	Background Check	Position	
Date Job Offered	Accepted	Declined	Start Date