



Date Received:

By:

Parks and Recreation Department

Adult/Senior Volunteer Program Application

For Data Purposes:

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Birthdate _____ Age _____ Sex _____

Occupation _____ Employer _____

Email Address _____

Availability (Please check when you are available to volunteer):

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

Are you a seasonal resident? No Yes I am in town from _____ to _____.

How did you hear about us? _____

Special Placement Request (Please circle activities of interest, or check here for ANY):

Recreation Center Activities

Sports/Athletics

Moccasin Lake

- Aquatics
- Bike Jamboree
- Camps
- Holiday events
- Open House
- Little People Olympiad
- Grand Openings

- Coach Youth Basketball
- Swim Meets
- Tennis Tournaments
- National Softball Tournaments

- Guided Tours
- Exhibit Construction
- Gift Shop
- Park Maintenance
- Animal Care

These activities are usually conducted on an as needed basis.

Beautification

Tutoring/mentoring

Others _____

- Beach clean up
- Park clean up
- Neighborhood improvement

Office Assistance

These activities are usually conducted on a regularly scheduled basis.

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Have you ever been convicted of any offense against the law or now under any current charge for any offense against the law? Yes No

If the answer to the above is Yes, please give the date and details of the offense.

Note: Falsification of your answers may result in dismissal of being a volunteer with the Parks & Recreation Department.

Emergency Information:

Do you have any medical conditions? _____

Emergency Contact person: _____

Relationship: _____ Phone: _____

Name of Physician and/or Healthcare Provider: _____

• I understand that volunteering for the Clearwater Parks & Recreation Department may require or include a criminal background check, driver's license check or providing of other identification or certifications.

Contract Signature

Date

Mailing address for applications:
Clearwater Parks & Recreation Department
Post Office Box 4748
Clearwater Fl 33758-4748

For more information, contact:
Krystie Schmidt
Volunteer Specialist
(727) 562-4803
(727) 562-4825 fax
Krystal.Schmidt@myclearwater.com

Upon completion, original to be forwarded to volunteer coordinator for review and retention as an official record according to the City of Clearwater's Records Management Program. S:\forms \# 1600-0303