

Madison County Parks & Recreation Volunteer Application

- Code of Conduct
- Background Check

A. GENERAL INFORMATION

First Name: _____ Middle Initial _____ Last Name _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Residence Address (if different from above): _____

How long at this address: _____

B. CONTACT INFORMATION

Daytime Phone #: _____ Cell Phone #: _____

Home Phone #: _____ Fax #: _____

Email (primary): _____

Best time to call: Morning Afternoon Evening Anytime

Emergency Contacts Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

C. VOLUNTEER POSITION

1. In which volunteer positions are you interested?

2. With which groups do you prefer to work? (check **ALL** that apply)

- | | | |
|---------|----------------------------------|--------------------------------------|
| Age: | <input type="checkbox"/> Youth | <input type="checkbox"/> under age 5 |
| | <input type="checkbox"/> Adults | <input type="checkbox"/> ages 5-8 |
| | | <input type="checkbox"/> ages 9-11 |
| Gender: | <input type="checkbox"/> Males | <input type="checkbox"/> ages 12-13 |
| | <input type="checkbox"/> Females | <input type="checkbox"/> ages 14-18 |
| | | <input type="checkbox"/> over age 18 |

D. VOLUNTEER EXPERIENCE

Organization	Role/Duties	Supervisor/Phone #	Years: From-To
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Organization	Role/Duties	Supervisor/Phone #	Years: From-To
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Organization	Role/Duties	Supervisor/Phone #	Years: From-To
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Organization	Role/Duties	Supervisor/Phone #	Years: From-To
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E. CURRENT OR MOST RECENT EMPLOYMENT

Employer	Role/Duties	Supervisor/Phone #
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F. REFERENCES

Name	Phone (cell)	Phone (home)	Relationship
Street, Route, Box, Apt#	City	State	Zip Code
Name	Phone (cell)	Phone (home)	Relationship
Street, Route, Box, Apt#	City	State	Zip Code

Applicant Signature: _____ **Date:** _____

IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH IT TO YOUR APPLICATION.