

East Granby Parks and Recreation Volunteer Application

(please include a resume if you have one)

NAME			
			ZIP
HOME PHONE	CELL PHONE	E EMA	AIL
NAME OF PARENT OR G	UARDIAN		
PHONE	CELL	E-MAIL	
MEDICAL HISTORY OF A	PPLICANT (Allergies, diab	etic, asthma, medications	presently taking etc.)
SPECIAL PROFESSIONAL	TRAINING, SKILLS, HOBB	IES	
COMMUNITY AFFILIATION	ONS (Clubs, service organ	izations, etc.)	
PREVIOUS VOLUNTEER	EXPERIENCE YEARYEAR		
SPECIAL CERTIFICATION	S HELD: I.E. CPR, First Aid	, etc	
HAVE YOU EVER BEEN O	CONVICTED OF ANY CRIM	E(S)? YES NO IF YES, DES	CRIBE EACH IN FULL
HAVE YOU EVER BEEN F	REFUSED PARTICIPATION	IN ANY OTHER YOUTH PRO	OGRAM? YES NO
ADDITIONAL SIGNATURE		DATE	_

The East Granby Parks and Recreation Department will not discriminate against any person on the basis of race, creed, color, national origin, marital status, sex, sexual orientation, or disability.