

Signature:

CITY OF WATERBURY DEPARTMENT OF PUBLIC WORKS BUREAU OF RECREATION

VOLUNTEER APPLICATION

First Name:	Last Name:		Date	of Birth: _	Age:
Address:		City:	State:		Zip:
Home Number:	Cellular Number: _				
Employer/School Name:					
Address:		City:	State:		Zip:
Telephone Number:					
Please provide any experience	that you have that may he	elp us place yo	ou in a volunteer position	n:	
				·	
When are you available? (Circle	all that apply and indicate	e times)			
Monday Tuesd	ay Wedı	nesday	Thursday_		
Friday Saturo	day Sunda	ау	_		
How many hours can you volur	iteer weekly?				
Please list any certifications you	ı currently hold. (Include I	Health & Safe	ty Licenses & other rele	vant certific	cations)
List two non-family relatives as	references:				
Name:	Company/Schoo	Company/School:		Telephone Number:	
Name: Company/s		nool:		Telephone Number:	
In the event of an emergency,					
Name:	Relationship: _			Telephone	Number:
I understand that the information Bureau of Recreation to inquire may deal with confidential infor The public Works Bureau of Recre	in order to determine my mation and agree to keep	suitability to such informa	act as a volunteer. Wor tion self-assured. The	king in the relationship	capacity as a volunteer, between the Departmen

Date: _____