



Fall / Winter / Spring Program Volunteer Application

The Town of Dover, MA is an affirmative action/equal opportunity employer and does not discriminate on the basis of race, gender, sexual orientation, religion, national or ethnic origin, ancestry, physical or mental disability, age, marital or veteran status, or any other protected status.

Please complete this application fully and accurately. If you need assistance completing your application, it will be provided.

PLEASE PRINT LEGIBLY IN **BLUE** or **BLACK INK**

APPLICANT FIRST+LAST NAME: _____

LOCAL / HOME ADDRESS: _____

APPLICANT CELL PHONE #: _____ **APPLICANT EMAIL:** _____

PARENT CELL PHONE #: _____ **PARENT EMAIL:** _____

PLEASE LIST PROGRAM(S) YOU ARE INTERESTED IN: _____

EDUCATION:

CURRENT GRADE LEVEL	SCHOOL NAME & CITY/TOWN WHERE LOCATED (if outside of Dover)

ABOUT YOU:

Why would you like to volunteer for Dover Parks & Recreation? _____

Please share any extracurricular activities that you are, or have been, involved in: _____

Please share any awards, recognition and/or honors that you have received: _____

List three of your special or unique skills, talents, abilities and/or interests and why they would benefit our P&R team:

1. _____
2. _____
3. _____

CIRCLE YOUR ADULT T-SHIRT SIZE:

S

M

L

XL

2XL

3XL

If hired, department issued shirts will be provided, and must be worn whenever on-site with participants and/or families.

PAST or CURRENT VOLUNTEER EXPERIENCE:

ORGANIZATION NAME:	DATES OF SERVICE FROM: _____ TO: _____
ORGANIZATION ADDRESS:	PHONE #: _____
POSITION TITLE:	SUPERVISOR: _____
LIST TASKS / RESPONSIBILITIES:	

REQUIRED REFERENCE* (volunteer supervisor/teacher/coach/family you babysit for/neighbor whose dog you walk/etc*):

***ABSOLUTELY NO RELATIVES ACCEPTED** NO REFERENCE = INCOMPLETE APPLICATION

REFERENCE FIRST & LAST NAME	POSITION? (HOW DO THEY KNOW YOU?)	WEEKDAY PHONE #	E-MAIL ADDRESS

PLEASE READ, SIGN AND DATE THE FOLLOWING STATEMENT:

The information supplied in this application or as part of the application process is true and complete. I understand that any false statement of significant omission by me in the application process may be cause for dismissal if discovered at a later date. I hereby authorize the Town of Dover: Parks and Recreation Department to investigate the information I have furnished on this application and I understand that volunteer service is subject to acceptable references and my personal interview.

I understand that my application is not complete unless all requirements have been provided to the Dover Parks and Recreation department by the appropriate dates and that any incomplete paperwork may jeopardize my consideration as a volunteer. I understand that this application is current for 120 days from the date provided with my signature, below. If I still wish to be considered at the end of this time-period, I understand I will need to complete a new application.

I understand that as Dover Parks and Recreation volunteer I will be assisting Dover Parks and Recreation staff in providing a safe and fun environment for children and families; that others will be depending on me to be present as scheduled, attentive to my responsibilities and to follow the program(s) and/or event(s) schedule.

VOLUNTEER APPLICANT SIGNATURE

VOLUNTEER APPLICANT PRINTED NAME

DATE

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN PRINTED NAME

DATE

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