



VOLUNTEER APPLICATION

Please type or print clearly

Data privacy requires that we inform you that you do not need to provide this information. However, if you choose not to provide information the Department of Parks and Recreation will no longer consider your application. Any omission or false representation will result in rejection of your application, or in the termination of your position.

Name _____

Address _____ City _____ Zip _____

Email Address _____

Phone (____) _____ (____) _____ (____) _____
(Home) (Work) (Cell)

Recreation Center/Facility where you would like to volunteer: _____

Sport you are interested in coaching or activity in which you would like to volunteer: _____

Age group/gender you are interested in working with (and why): _____

Would you be willing to work with a different age group/gender?: _____

List of Previous Volunteer Experience

City/Location	Volunteer Work Performed	Age/Gender	Year	Supervisor Name and Phone Number
Ex: Maplewood	Basketball Coach	9 & 10 Girls	1999	Bill Johnson (651)555-5555

List of Current and Previous Employers (within the last 10 years)

Employer	Work Performed	Employment Dates	Supervisor Name and Phone Number
Ex: Best Buy	Store Manager	February 2/2004 - 5/2006	Susan Jones (651)555-5555

Please complete other side

REFERENCES

Please provide three references (at least one of which is not family related)

Reference #1

Name _____ Phone Number (____) _____
Address _____ City _____ State _____ Zip _____
Email Address _____ Relationship _____

Reference #2

Name _____ Phone Number (____) _____
Address _____ City _____ State _____ Zip _____
Email Address _____ Relationship _____

Reference #3

Name _____ Phone Number (____) _____
Address _____ City _____ State _____ Zip _____
Email Address _____ Relationship _____

I understand that my photograph will be taken and made into a badge which I will be required to wear when I am volunteering with Saint Paul Parks and Recreation. I give my permission to allow my photograph to be viewed by recreation center staff.

I agree that the information on this form is correct and I give my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer work and such other information as deemed appropriate.

Signature _____ Date: _____

Pursuant to the Minnesota Child Protection Background Check Act (Minn. Stat. §§299C.60-299.64), the Saint Paul Division of Parks & Recreation will ask for your consent to perform a background check to determine whether you are the subject of any reported conviction for a background check crime.

**VOLUNTEERS MUST COMPLETE ALL ATTACHED FORMS
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**