



VILLAGE OF HORSEHEADS
DEPARTMENT OF PARKS & RECREATION
INDIVIDUAL VOLUNTEER APPLICATION
FORM

About You

Name (Last, First, Middle) _____ D.O.B. _____

Address (Street, Apt.#, City, State, Zip) _____

Phone (Home, Work, Cell) _____

E-mail _____

Volunteer Information/Special Interests/Training

Have you ever volunteered for Horseheads Parks & Rec before? Yes ___ No ___ If yes, where _____

When? _____ Who was your supervisor? _____

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Check the age groups and programs that you are most interested in volunteering:

- | | | |
|--|---|--|
| <input type="checkbox"/> Preschoolers | <input type="checkbox"/> Elementary age | <input type="checkbox"/> Pre-Teen |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Young Adults | <input type="checkbox"/> Adults |
| <input type="checkbox"/> Senior Adults | <input type="checkbox"/> Families | <input type="checkbox"/> People with physical disabilities |
| <input type="checkbox"/> People with mental disabilities | | |

Leisure & Interest Survey: Please check the areas you would like to volunteer in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Athletics: Please specify _____ | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Child development | <input type="checkbox"/> Graphic design | <input type="checkbox"/> Nature/sustainable practices |
| <input type="checkbox"/> Coaching: Specify sport _____ | <input type="checkbox"/> Hiking/Trail development | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Event planning | <input type="checkbox"/> Inclusive/Special needs services | <input type="checkbox"/> Senior services |
| <input type="checkbox"/> Fine arts | <input type="checkbox"/> Maintenance (Building) | <input type="checkbox"/> Strategic planning |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Maintenance (Sports Fields) | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Maintenance (Parks) | <input type="checkbox"/> Youth Development |

Other: _____

Schedule and Location Preference:

What days and times are you able to volunteer? _____

Is there a specific location or position that you would prefer? _____

Do you have any transportation barriers to consider? _____

Please check the highest grade completed:

- Some High School
- High School
- Some College
- College Degree, Please List Degree _____
- Some Post College Education
- Past College Degree Please list Degree _____
- Specialized Training or Certification. Please List Training/Certification _____

Languages spoken other than English _____

Is your volunteer work to be used towards credit or fulfillment of a community service or school service requirement?

- Yes No If yes, please explain _____

How did you hear about volunteering with the Horseheads Parks & Recreation Dept.? _____

References

Please provide the name, contact information and relationship to you of three personal or professional references that we may contact for additional information.

Name _____ Phone _____

E-mail _____ Relationship to Volunteer _____

Name _____ Phone _____

E-mail _____ Relationship to Volunteer _____

Name _____ Phone _____

E-mail _____ Relationship to Volunteer _____

Horseheads Parks & Recreation requires that a background check on all adult applicants prior to volunteering. Background checks are conducted to protect the public and all staff. Horseheads Parks & Recreation reserves the right to not consider your application.

Please provide the following information:

Have you ever been convicted of any offense(s) other than minor traffic violations? Example: DUI, petty theft, trespassing, etc.

- Yes No If yes, please explain: _____

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Volunteer Applicant Name (Print) _____

Volunteer Applicant Signature _____ Date _____

Parent/Guardian's Signature (If volunteer under 18 years of age) _____ Date _____

Parent/Guardian's Phone _____ E-mail _____

It is the intent of Horseheads Parks & Recreation to provide equal opportunity to all volunteers in all terms, privileges, and conditions without regard to sex, race, religion, national origin, disability, or any other factor.

Please return completed form to Village of Horseheads or email to parksrec@horseheads.org

Village of Horseheads, Parks and Recreation
202 S Main Street
Horseheads, NY 14845