

**TOWN OF PERINTON**  
**RECREATION AND PARKS DEPARTMENT**  
**VOLUNTEER APPLICATION FORM**

1350 Turk Hill Road, Fairport New York 14450

(585) 223-5050

[www.perinton.org](http://www.perinton.org)

**AREA(S) OF INTEREST (check one or more):**

- |  |  |
|--|--|
| <input type="checkbox"/> Working with Preschoolers                             | <input type="checkbox"/> Working with Senior Citizens    |
| <input type="checkbox"/> Working with Kindergarten-5 <sup>th</sup> Grade       | <input type="checkbox"/> Senior Advisory Committee       |
| <input type="checkbox"/> Working with 6 <sup>th</sup> -8 <sup>th</sup> graders | <input type="checkbox"/> Desk help in Senior Lounge      |
| <input type="checkbox"/> Working with High School Students                     | <input type="checkbox"/> Kitchen help for Senior lunches |
| <input type="checkbox"/> Youth Advisory Committee                              | <input type="checkbox"/> Teach a craft or skill          |
| <input type="checkbox"/> Youth Soccer  | <input type="checkbox"/> Help with special events        |
| <input type="checkbox"/> Adult Drop-In Programs                                | <input type="checkbox"/> Swimming                        |
| <input type="checkbox"/> Summer Playground Program                             | <input type="checkbox"/> Other                           |

**PERSONAL:**

Name	Home Phone	Cell Phone	
Home Address	City	State	Zip Code
E-mail Address	Place of Employment		

BRIEF DESCRIPTION OF JOB AND TIME EMPLOYED: \_\_\_\_\_

IF A STUDENT, SCHOOL AND GRADE LEVEL \_\_\_\_\_

WHY ARE YOU INTERESTED IN VOLUNTEERING? \_\_\_\_\_

Will you need your hours documented?      YES \_\_\_\_\_      NO \_\_\_\_\_

ANY PREVIOUS EXPERIENCE? \_\_\_\_\_

ANY SPECIAL SKILLS OR INTERESTS? \_\_\_\_\_

I am available the following times:

Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Evenings \_\_\_\_\_ Weekdays \_\_\_\_\_

Weekends \_\_\_\_\_ I am flexible \_\_\_\_\_ Free time varies \_\_\_\_\_

Frequency of service:

Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ On call \_\_\_\_\_ Special programs/activities \_\_\_\_\_

Do you wish to put a time limit on your commitment? Specify \_\_\_\_\_

Do you have a valid driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_

REFERENCES: Please list at least two, with addresses and phone numbers.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship \_\_\_\_\_

In case of an emergency, please notify (list name, relationship, and phone number that can be best reached)

As a volunteer, I will make every effort to keep each appointment given to me for Volunteer Service. If unable to keep an assignment, I will notify the proper person ahead of time. I will adhere to the Policies and Procedures of the Perinton Recreation and Parks Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use:

References \_\_\_\_\_

Orientation \_\_\_\_\_

Training \_\_\_\_\_