Recreation Volunteer Application

Please complete and return this application by mail or fax to:
Recreation Dept. Attn: Kristen Rodriguez
2301 Woodlands Blvd
Castle Rock, CO 80104
Fax (303) 660-1011

Name (first and last)_____ Date:_____

Other names used:_____

Address:_____

City:_____ State:_____ Zip:_____ Date of birth:_____

Home Phone: (_____) _____-_____ Work/Cell: (_____) _____-_____

Email address:_____

Colorado Drivers License #:_____

Please fill out this section if you will be working directly with youth participants:
We will conduct criminal background checks on all volunteers working with youth participants.

Social Security #:_____

Previous states of residence: _____

When can we call on you to volunteer for Town of Castle Rock events?

☐ Throughout the year ☐ Winter Only (Nov – Feb)

☐ Summer Only (Mar – Oct) ☐ Other (specify) _____

Physical or Health Restrictions? (*specify*)_____

_____

Have you even been convicted of or plead guilty to a felony? ☐ Yes ☐ No

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Following is a partial list of activities and events for which you may be called upon to volunteer. Please check all of the items for which you are interested in serving or have pervious experience. Every effort will be made to accommodate your selections, but we reserve the right to schedule all volunteer when and where they are most urgently needed.

Special Events:

☐ Set-Up/Tear Down ☐ Parking ☐ Concessions ☐ Ticket Taker ☐ Other:_____

Recreation Programs:

☐ Sports/Coaching ☐ Arts & Crafts ☐ Other:_____

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of the application and may be subject to a criminal background check. I am offering my services as a volunteer and understand that I will not be entitled to any form of compensation for any service I provide.

Signature: _____ Date:_____

Signature: _____ Date:_____
(Parent or guardian if applicant is under 18)