

TOWN OF EAST BLOOMFIELD

Summer Recreation Program Volunteer Application

Please return applications to the Supervisor's Office at the East Bloomfield
Town Hall No later than **Friday, June 7, 2019**

Applicant Name _____ Age _____ Birth Date _____

Address _____

Home Phone: _____ Cell Phone: _____ OK to text: YES NO

Email Address: _____

Current Grade _____ **T-shirt Size** (Circle size): Child: S M L or Adult: S M L XL

**Applicants must be entering at least the 8th grade this year
and be under the age of 16 as of June 30, 2019**

**Volunteers work with different age groups and specialist areas. Please number in order your
top three choices from the following: (You must number your top 3 choices 1, 2, 3)**

Age Groups:

___ Grades UPK-1

___ Grades 2-3

___ Grades 4-5

Specialist Areas:

___ Science

___ Arts & Crafts

___ Athletics

___ Boogie Time

It is essential to the success of the program that volunteers report to work on time and be present every day. Preference will be given to those applicants who can commit to volunteering Monday through Friday, from 8:30 am to 12:15 pm. It is understood that there may be occasions when volunteers will be asked to work additional hours for meetings, field trips, orientation and planning. Occasionally, volunteers will not be able to work as scheduled due to family vacations or other conflicts. Please identify any days you will not be able to work between **Sunday, June 30, 2019, which is Staff & Volunteer orientation from 6 pm to 9 pm, and Friday, August 2, 2019, the last day of Summer Rec:**

Describe any experience you have had working with children, for example, coaching, babysitting, etc.

Essay Requirement: Please answer the following question in a one (1) page typed response:

Why would you be a good fit for Summer Rec and why do you feel that you are ready to take on a leadership role?

REFERENCES:

List contacts for references, such as teachers or community members. Please do not use relatives.

Name	Phone	Position / Relationship
1.		
2.		
3.		

APPLICANT'S ACKNOWLEDGEMENT

Volunteering alone does not guarantee future employment within the recreation program. Performance, attendance, and evaluations will all be considered when looking at hiring opportunities. I hereby affirm that all information provided on this application is true. I give permission to the Director and Assistant Director of the East Bloomfield Summer Recreation Program to contact the references provided to verify information. I acknowledge that this summer's volunteering position **begins on Sunday, June 30, 2019, which is staff & volunteer orientation from 6 pm to 9 pm and ends Friday, August 2, 2019, the last day of Summer Rec.** I will plan my summer accordingly and will work each day unless prior notice is given.

Applicant's Signature: _____ **Date:** _____

A letter will be sent notifying you regarding the status of your application once it has been received and processed.

PARENT'S PERMISSION TO PARTICIPATE

The Town of East Bloomfield Recreation Program endeavors to ensure the safety of all children, volunteers and employees attending our program. The Town of East Bloomfield Recreation Program does not provide medical coverage. All participants should be covered under their parent's medical policy. In the event of injury, attempts will be made to contact the parents involved by phone immediately or as soon as possible.

I give permission for my son or daughter to participate in all scheduled activities. I acknowledge and voluntarily assume on behalf of my son or daughter, any and all risks involved in the recreational activities and declare that I have accident/medical insurance and that any injuries which may occur to my son or daughter will be charged to my medical policy.

I hold harmless and further release from any liability the Town of East Bloomfield and any of its employees for any liability that may occur through my son's or daughter's participation as a volunteer in any of the Recreation Department's activities. In the event that my son or daughter is injured, I authorize the Recreation Program Director, Recreation Program Assistant Director or Recreation Program Nurse to seek medical care. I acknowledge and understand that I will be solely responsible for payment of any costs of such care.

Parent or Legal Guardian Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Allergies or any other medical conditions (please describe) _____

For questions about the volunteer program, call or text Jeff Daley at (585) 520-8500
or via email at daleymagical@gmail.com