



Williston Recreation & Parks

7900 Williston Road, Williston, VT 05495

Phone: (802) 876-1160

Email: recreation@willistonvt.org

Volunteer Information Form

Contact Information:

DATE: _____

Last Name: _____ First Name: _____ MI _____

Primary Phone Number: _____ E-mail Address: _____

Address: Street: _____ City: _____ State: _____ Zip: _____

Have you volunteered for the Town of Williston before? _____ If Yes, for which dept? _____

Which Programs are you interested in Volunteering for? _____

Education: Highest Level Completed: _____

Certifications: (*List relative certifications that you hold*) _____

Volunteer Experience: (*List your most recent volunteer experience*) If None, Check Here: _____

Organization Name: _____ From _____ To _____

Description of Responsibilities: _____

Employment History: (*List your most recent work experience*) If None, Check Here: _____

Company Name: _____ Employed From _____ To _____

Description of Responsibilities: _____

Personal Reference: (*List an individual, not related to you, that can provide a character reference for you*)

Name: _____ Home Phone: _____

Relationship: _____ How many years have they known you? _____

Requirements for Volunteering: (*All potential volunteers must meet the following minimum requirements*)

1. Must be 15 years of age or older at the time of volunteering.
2. If you are 18 years or older you must pass all background checks.

Waiver/Release:

I acknowledge that the information that I have provided on this form, to the best of my knowledge, is the absolute truth. I further acknowledge that if any information herein is determined to be untrue, misleading, or omitted it will result in immediate dismissal, regardless of the time of discovery by the Williston Recreation & Parks Department. I authorize the investigation of all statements herein and release the Williston Recreation & Parks Department and all others from liability in connection with same.

I acknowledge that by signing this form I agree to abide by the Williston Recreation & Parks Department's philosophy, and I further agree to do my best to provide the participants in the programs that I volunteer a FUN, FAIR, POSITIVE, and MEANINGFUL experience.

Signature: _____ **Date:** _____

If you are 15-17 years of age a parent or guardian must fill out and sign below:

Parent/Guardian's Permission:

Parent's Name: _____ Phone: _____

I have read through the Volunteer Information Form of my child and hereby give permission for him/her to volunteer with the Williston Recreation & Parks Department.

Parent/Guardian Signature: _____ **Date:** _____