



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:** \_\_\_\_\_