



Using the space below, please indicate the hours that you would be available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please list any additional notes regarding availability: \_\_\_\_\_

Would you be willing to volunteer for multiple events? \_\_\_\_\_ Yes \_\_\_\_\_ No

### EDUCATION AND TRAINING

Please circle the highest grade completed: 6 - 7 - 8 - 9 - 10 - 11 - 12 - Higher

Name of High School: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

If you did not complete high school, do you have a high school equivalency diploma (GED)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Name of College: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

List all degrees and major course(s) of study: \_\_\_\_\_

Check the following skills, experiences, and knowledge that you have:

Word Processing: \_\_\_\_\_

Computers: \_\_\_\_\_

Calculator/Adding Machine: \_\_\_\_\_

Typing \_\_\_\_\_ WPM

List any additional skills, abilities, and/or knowledge: \_\_\_\_\_

List any courses which you have taken that are related to the position you are applying for:

List any valid certifications and/or licenses (Driver's License, CPR, Lifeguard, ect):

**EXPERIENCE**

List and describe your current and/or past work experiences. Volunteer work is acceptable. Use additional sheet if necessary.

<b>Employer</b>		<b>Job Title</b>	
Address	City	State	Zip
Phone	Supervisor	Dates of Employment	
Job Duties and Responsibilities: _____			

<b>Employer</b>		<b>Job Title</b>	
Address	City	State	Zip
Phone	Supervisor	Dates of Employment	
Job Duties and Responsibilities: _____			

<b>Employer</b>		<b>Job Title</b>	
Address	City	State	Zip
Phone	Supervisor	Dates of Employment	
Job Duties and Responsibilities: _____			

Have you ever been employed by or volunteered with the City of Suffolk?

Dates of Employment	Department(s)	Positions
---------------------	---------------	-----------

**REFERENCES**

Please list at least two references who are not related to you:

Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship
_____	_____	_____

**AGREEMENT**

I certify that answers given herein are true and complete to the best of my knowledge without consequential omission of any kind whatsoever. I agree that the City of Suffolk shall not be liable in any respect if I am disqualified from volunteering because of the falsity of statements, answers or omissions made by me in this application.

I consent to any substance abuse and/or criminal background investigation which may be required for the position for which I am applying.

**Consent to use Photographs**

I understand that photographs may be taken of me at any Parks and Recreation program or facility for publication in material used to promote the department programs, classes, or events.

**Waiver and Release**

In consideration of being permitted to participate in any way as a volunteer of the City of Suffolk, I for myself, my heirs, personal representatives or assigns, do hereby release, waive, and forever discharge the City of Suffolk, its Council members, officers, employees and agents for liability from any and all claims, demands, rights and causes of action of whatever kind resulting in, but not limited to, bodily injury, personal injury, accident or illness (including death), and property damage sustained by me, my agents, employees, or family members arising from participation as a volunteer for the City of Suffolk.

**Indemnification**

I shall indemnify and hold harmless the City of Suffolk, its Council members, officers, employees and agents from and against any and all claims, losses, damages, fines, penalties, suits and costs, including injury and death penalties imposed by any authority which arise out of any violation of law by, and all acts and omissions caused by me, my employees, subcontractors, agents, or representatives while participating as a volunteer for the City of Suffolk.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicant is under the age of 18)