Bath Parks & Recreation Department Volunteer Application



Please fill out <u>all</u> the questions below. <u>If you need more space please use the back</u>.

Name:					
Phone:		Email:			
Address:			City/Town:		Zip:
Best way to co	ontact you? Phone	Text	En	nail	
Are you over th	ne age of 15?	If applicable, c	urrent Grade:	School:	
Parent Signatu	ure (if applicant is unde	r 18):		Date: _	
	. – . – . – . –	- · - · - · -	. – . – . – .	. – . – . –	- · - · - · - · -
What program	n/position are you apply	ing for?			
Will you have a	a child or a relative in th	is program?			
If yes, who?			Relationship	?	
Do you have e	xperience? Please give	a description of vo	ur qualifications	s/hackground work	ing with children/adults.
	7.po	<u></u>	<u> qua</u>		
Please add ad	ditional experience, tra	ining (i.e. coaches	training, first ai	d, lifesaving, etc.),	or comments that you
feel are neces	sary for us to know as o	ne of our voluntee	rs.		
What is (or wil	l be) your coaching/tea	ching philosophy?			
References: I	ist two references that	have known you fo	r at least three v	rears who you auth	orize us to contact.
		=	=	-	ship other than a friend.
Туре	Name/Town		Contact Inform	ation	Years Known
			Phone: Email:		
			Phone:		
			Email:		
Place return	all application docume	nte to the Rath Parl	ke & Recreation	Dent 1 Sheridan	Road Bath ME 04520
rtease return		ints to the bath Fan	KS & Necleation	Dept., 4 Sheridan i	10au, Batti, ME 04550
OFFICE USE O	ONLY				
Background c	heck forms: P	assed: De	eclined:	_ Volunteer cor	ntacted:
Program:	D	ate:	Staff Initia	ls:	