Harwich Recreation and Youth

VOLUNTEER APPLICATION FORM

Date _____ CORI/ SORI Required ____(18 or older) or DOB_____

Volunteer Information:

Name: _____ _____
First Last

E-mail address: _____ Phone: _____

Street: _____

Town: _____ Zip: _____

Mailing Address (if different): _____

Town: _____ Zip: _____

Emergency Contacts:

Name_____Phone_____Relationship_____

Name_____Phone_____Relationship_____

Your Availability (days/times): Mon Tue Wed Thu Fri Sat Sun

Mornings Afternoons After-School Weekends Any/all

Medical/ Special Limitations: Please list any restrictions or special needs that may affect your ability to participate in Recreation and/or Youth programs, activities, etc.

_____

_____

Areas of interest/Special Skills: (please specify/ list): i.e., Coaching, assist coach, office work, projects/events, Afterschool Aide. Please give a summary of your background in the areas of employment, education, and special skills. Please indicate other volunteer /community service.

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Parent Signature: (if under 18)

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