

MARION PARKS AND RECREATION
YOUTH VOLUNTEER APPLICATION

Questions about this form or for more information please contact the Marion Parks and Recreation Office:

Margo Yates or Allison Shults 620-382-3425 chinga@eaglecom.net

First Name _____ Last Name _____

Address: _____

Street City St Zip

Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Skills and Experiences

Do you have any relevant experience? If yes, please explain: _____

Interest Inventory

Please check the area(s) that interest you. Check as many or as few as you like!

____ Starting a Business

____ Special Events

____ Clean up and other Community Service Opportunities (ex: Ball Fields, Pick up trash)

____ Other _____

References

Current Employer: _____

Address: _____ Phone: _____

Please list the names and phone numbers of two people who know you well and can attest to your character, skill, and dependability. Please do not list relatives.

Name: _____ Relationship: _____

Address: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____

Please let us know possible days and times that work with your schedule for group meetings:

Day of Week: _____ Time of Day: _____

Day of Week: _____ Time of Day: _____

Day of Week: _____ Time of Day: _____

By signing this application, I understand that I will be responsible for my participation and efforts towards making this project as success.

Signed _____

Date _____

DEADLINE TO APPLY IS OCTOBER 13, 2017

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