



**Village Community Development Districts' Recreation Department
VOLUNTEER APPLICATION SHEET**

The Recreation Department team of volunteers is one of the most important components in assisting staff in providing lifestyle services to our community. Your interest to commit your time, talents, skills and energy to this dynamic organization enhances the quality of life for your fellow residents. On behalf of the Recreation Department staff we appreciate your interest!

APPLICANT INFORMATION
(Print Clearly)

DATE _____

Last Name _____ **First Name** _____ **MI** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Cell Phone** _____ **Email Address** _____

CONTACT IN CASE OF EMERGENCY:

Name _____ **Primary Phone** _____

Relationship to you _____ **Alternate Phone** _____

WHY DO YOU WANT TO VOLUNTEER FOR THE RECREATION DEPARTMENT? _____

TELL US ABOUT YOUR MOST RECENT VOLUNTEER EXPERIENCE _____

CURRENT AVAILABILITY

Total Number of hours per week you can volunteer _____

LIST BELOW THE HOURS YOU ARE AVAILABLE (FROM – TO) EACH DAY:

DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							

**PLEASE LIST ANY SPECIAL SKILLS, TRAINING, EXPERIENCE AND SPORT(S) OR
ACTIVITY/ACTIVITIES YOU WOULD LIKE TO HELP WITH:**

DO YOU HAVE COVERAGE/SUBSTITUTE IN YOUR ABSENCE? ☐ YES ☐ NO

**IS THERE ANYTHING THAT MIGHT AFFECT YOUR ABILITY TO COMPLETE A VOLUNTEER
ASSIGNMENT?** ☐ YES ☐ NO

IF YES, EXPLAIN _____

(OVER)

REFERENCES:

Please print the **COMPLETE** mailing addresses of three people we may contact (**excluding relatives & roommates**) who have know you for more than two years. Local references preferred.

Name: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Telephone: (____) _____

Name: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Telephone: (____) _____

Name: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Telephone: (____) _____

APPLICANT STATEMENT

_____ I authorize references listed in this application to provide information they may have regarding my character and fitness for volunteering with my fellow residents.

_____ I release all such references from any liability for furnishing such evaluations provided they do so in faith and without malice.

_____ Should my application be accepted, I agree to be bound by the resident lifestyle guidelines and to refrain from any misconduct in the performance of my services on behalf of the VCDD Recreation Department.

Is there any fact or circumstance involving you or your background that would call into question you being entrusted with the supervision and guidance of your fellow residents?

☐ Yes ☐ No

Acknowledgement

☐ I have thoroughly read this application and confirm that the information is accurate to the best of my knowledge and in good faith.

☐ I agree to abide by the Resident Lifestyle Volunteer Guidelines and understand that if at any time I have questions regarding same that I can contact any member of the Recreation Administration team for assistance.

Print Name

Signature

Villages ID #

Date