

THOMPSON RECREATION

860-923-9440

VOLUNTEER POSITION APPLIED FOR:

**A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION
MUST BE ATTACHED TO THIS APPLICATION.**

PERSONAL DATA

Name _____ Date of Birth _____

Mailing Address _____ Town _____ State _____ Zip _____

Street (if different from above) Address _____ Town _____ State _____ Zip _____

Telephone Numbers (Home) _____ (Cell) _____

E-mail _____

In case of emergency, please notify:

Name _____ at (phone number) _____

Employer _____

Address _____

May we contact you at your work number? If yes, please list number _____

Special professional training, skills, hobbies _____

Community Affiliations (Clubs, Service Organizations, etc.)

Previous Volunteer experience _____

Do you have children in the program? Yes _____ No _____ If yes, list full name, age and program

Special certification (i.e. CPR, Medical, etc.) _____

Do you have a valid Driver's License? Yes _____ No _____ Driver's License # _____ State _____

Have you ever been convicted or plead guilty to any crime(s)? Yes _____ No _____

If yes, please explain in full (if more space is needed, attach statement to this form)

Have you ever been refused participation in any other youth program? Yes _____ No _____

If yes, explain

In consideration of volunteering with Thompson Recreation, the undersigned hereby agrees that:

1. As a condition of volunteering, I give permission for the Town of Thompson/Thompson Recreation to conduct a background check on me, which may include a review of sex offender registries, child abus and criminal history records. I understand that, if appointed, my position is conditional upon the Town receiving no inappropriate information on my background. I hereby release and agree to from liability the Town of Thompson, Thompson Recreation, the officers, employees and volun teers therof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the Town of Thompson/Thompson Recreation is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the Recreation Direcotr and removal by the recreation Comission for violation of Recreation policies or principles.
2. I understand that there are inherent risks involved in Thompson Recreation's programs. I fully assume all risks associated with these programs, even if due to the negligence of the Town of Thompson/Thompson Recreation and their agents, servants, employees.
3. I, for my myself and for my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless the Town of Thompson, Thompson Recreation and their agents, servants and employees from any and all claims, suits or demands by anyone arising from my volunteering in Town of Thompson/Thompson Recreation programs and use of facilities and equipment, including claims of negligence on the part of the Town of Thompson and/or their agents, servants or employees.
4. I, for myself and for my heirs, assigns, successors, executors, administrators, and legal representatives hereby release, and agree that I will not sue the Town of Thompson/Thompson Recreation or its agents, servants or employees for money damages for personal injury sustained by me while volunteering in Thompson Recreation programs, facilities or equipment.

I have read this authorization, waiver, hold harmless agreement, release of liability and covenant not to sue and fully understand its terms. I further understand that by signing this agreement that I am giving up substantial legal rights. I have not been in-duced to sign this agreement by any promise or representation, and I sign it voluntarily and of my own free will.

Volunteer's signature

Volunteer's printed name

Date

Note: Thompson Recreation will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

**RETURN APPLICATION FORM
ALONG WITH A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION TO:**

Thompson Recreation
P.O. Box 899
815 Riverside Drive
No. Grosvenordale, CT 06255

Thompson Recreation Use Only:

Background check completed by _____ on _____
Name Date

System(s) used for background check (minimum of one must be checked):

Sex Offender Registry Criminal History Records Choicepoint*

* Please be advised that if you use Choicepoint and there is a name match in the few states where only name match serarches can be performed you should notify volunteers that they will receive a letter directly from Choicepoint in compliance with the Fair Credit Reporting Act containing any information regarding all criminal records associated with the name, which may not necessarily be the Rec-reation volunteer.

Only Attach to this application copies of background check reports that reveal convictions of this applicant.