

HAYSVILLE RECREATION DEPARTMENT

VOLUNTEER FORM

NAME_____ SHIRT SIZE:_____

ADDRESS_____ CITY-ST-ZIP_____

CELL _____ EMAIL ADDRESS_____

VOLUNTEER OPPORTUNITIES:

(please check all interested in helping with):

5K Run/Walks

Party in the 060

Easter Egg Hunt

4th of July Celebration

Haysville Fall Festival

Gobble Wobble 5K Run/Walk

Halloween Spooktacular

Night with Santa

Campus After Prom

Campus Project Graduation

Pizza & Puzzles

Daddy Daughter Date Night

Parent Night Out

Kids to Parks Day

Tiny Tot Programs

Nerf Wars

Fishing Clinic

Youth Basketball Scorekeeping

Youth Baseball/Softball Scorekeeping

Silent Disco Parties

(Other Opportunities will become available)

As a Haysville Recreation Department PROGRAM VOLUNTEER, I hereby agree to:

Provide positive support, care & encouragement in each of my roles in given HRD Programs and/or Special Events; Provide support for HRD Staff while working with my team to provide a positive, enjoyable experience; Show up and work at my given time and location; Work to the best of my abilities; Do my very best to make this an enjoyable experience for my fellow associates and patrons; and Treat all volunteers/staff/patrons with respect regardless of race, sex, creed or ability. As a Volunteer I understand I must pass a Background Check.

Signature

Date

PLEASE NOTE: FAILURE TO UPHOLD THIS AGREEMENT MAY RESULT IN YOUR BEING ASKED TO LEAVE THE EVENT/FACILITY/GROUNDS.



Background Consent/Release Form

Organization _____

Applicant's Legal Name (printed)

Social Security Number _____ **Date of Birth** _____

Applicant's Address

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

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name:

_____ **Date:** _____

Signature:
