

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: _____