

Date: \_\_\_\_\_



## VOLUNTEER APPLICATION

To be considered as an applicant, you must fill out this form. Each question must be fully and accurately answered. PLEASE PRINT, except for signature on application.

### PERSONAL INFORMATION

Name \_\_\_\_\_

Last

First

Middle

Mailing Address

(Must advise, if changes)

Street/PO Box

City

State

Zip

Physical Address

Street/PO Box

City

State

Zip

Local Phone \_\_\_\_\_ Cell Ph. or optional phone \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

(Name)

(Phone)

(Relationship to Volunteer)

### WORK STATUS

Have you ever worked for BCRD under a different name?  Yes  No If yes, what name \_\_\_\_\_

If yes, what was your previous position at BCRD? \_\_\_\_\_ When? \_\_\_\_\_

Are you a friend of, or related to anyone employed by BCRD?  Yes  No

If yes, please give the name(s) \_\_\_\_\_ Relationship(s): \_\_\_\_\_

Are you presently employed? Yes No If yes, Where? \_\_\_\_\_ Work phone \_\_\_\_\_

Are you **under** 18 years old?  Yes  No If yes, what is your age? \_\_\_\_\_

Are you a student?  Yes  No

### VOLUNTEER INFORMATION

What area would you like to volunteer for? \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

Do you have reliable transportation to and from your volunteer work?  Yes  No

If you have a valid Driver's License, please list Driver's License number: \_\_\_\_\_ and expiration date: \_\_\_\_\_

Do you have a child/children who will be participating in the activity you want to volunteer for?  Yes  No

If yes, which activity? \_\_\_\_\_

Are your volunteer hours needed as a:  class credit  license requirement  court requirement

If **court requirement**, please explain: \_\_\_\_\_

Please indicate days and times you are available to volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

**BACKGROUND CHECK**

It is the Blaine County Recreation District's policy to conduct background checks on all volunteers 18 years of age and older. Continued volunteer work with BCRD is subject to the results of the background check.

Have you ever been **charged** with a crime?  Yes  No **If yes**, what Crime(s)? \_\_\_\_\_

What year? \_\_\_\_\_ What was the disposition? \_\_\_\_\_

**VETERAN'S PREFERENCE**

Are you eligible for Veteran's Preference pursuant to I.C. 65-503? Yes No

**If yes**, I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

**PERSONAL REFERENCES (Please List three (3) persons not related to you by blood or marriage)**

Please list names and phone numbers of 3 references:

1) \_\_\_\_\_ Phone \_\_\_\_\_

2) \_\_\_\_\_ Phone \_\_\_\_\_

3) \_\_\_\_\_ Phone \_\_\_\_\_

Please Read and Sign Below

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**AGREEMENT OF UNDERSTANDING**

1. I certify that all answers and statements on this application are true and complete to the best of my knowledge. **I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or I may be discharged at any time.**
2. I understand that if I accept a volunteer position, a background check will be conducted provided I am 18 years of age or older and I agree to cooperate in that background check and to sign any releases that may be required for that background check.
3. In the event that I volunteer for BCRD, I agree to comply with all of its orders, rules, and regulations.
4. I authorize my former employers, present employer, and other individuals to give information concerning me to BCRD, whether or not it is in their records, and I release them, their employees and their companies from all liability whatsoever.
5. In accepting a volunteer position with BCRD, I understand that volunteer positions are seasonal/part-time and that scheduled shifts are subject to change without notice.
6. I understand that I am not an employee of the BCRD and that any duties I perform are as a volunteer and that I am not eligible for benefits provided to regular employees of BCRD.
7. I agree to follow the policies and procedures outlined for this program. I also understand that it is my responsibility to update the information on this form.

No action will be taken on applications that are incomplete. All applications are valid 30 days from signed date.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

You may include a resume, or any additional information you feel beneficial.

IT IS THE POLICY of the Blaine County Recreation District to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

Date: \_\_\_\_\_

**ALL APPLICANTS UNDER 18 MUST HAVE SIGNED CONCENT.**

PARENT/GUARDIAN AUTHORIZATION

I, \_\_\_\_\_ (full name of parent or legal guardian), am the parent or  
lawful guardian of \_\_\_\_\_ (full name of minor), who has signed this

Rehire Application attached hereto. I authorize \_\_\_\_\_ full  
name of minor) to work for the Blaine County Recreation District with full knowledge of the Agreement of Understanding in  
said application, as though I executed it myself. I understand that the terms of the Agreement of Understanding are  
contractually and legally binding upon me and the minor person who I have authorized to work for the Blaine County  
Recreation District and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of the  
Agreement of Understanding.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Parent or Guardian Signature: \_\_\_\_\_

Full Name (type or print) \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Phone \_\_\_\_\_

WITNESS:

\_\_\_\_\_  
(Signature of Witness)