

MIDDLETOWN RECREATION VOLUNTEER APPLICATION

MUST BE A MIDDLETOWN RESIDENT – 14 YEARS OLD & UP (PROOF OF RESIDENCY IS REQUIRED)
TWO LETTERS OF RECOMMENDATIONS ARE REQUIRED FOR ALL VOLUNTEERS AND A WRITTEN REQUEST BY THE VOLUNTEER.
A BACKGROUND CHECK IS REQUIRED FOR THOSE 18 AND OVER

NAME: _____
FIRST NAME MI LAST NAME

DOB: ____/____/____ AGE: ____ GRADE: _____ SCHOOL: _____

STREET ADDRESS: _____

CITY/TOWN: _____ ZIP CODE _____

PHONE C _____ W _____ H _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____ PHONE # _____

ANY MEDICAL CONCERNS WE SHOULD BE AWARE OF _____

HAVE YOU VOLUNTEERED ANY WHERE ELSE? _____

PARENT/GUARDIAN (VOLUNTEER UNDER 18)

NAME: _____
FIRST NAME MI LAST NAME

PHONE – H: _____ W _____ EXT. _____

PHONE C _____ W _____ H _____

MEDICAL RELEASE/PARENTAL PERMISSION: IN ORDER TO VOLUNTEER FOR THE MIDDLETOWN PARKS AND RECREATION DEPARTMENT PROGRAMS, I UNDERSTAND AND AGREE THAT: RECREATION PROGRAMS CAN BE PHYSICALLY DEMANDING, BUT I HAVE THE PHYSICAL ABILITY NEEDED TO VOLUNTEER. IN THE EVENT OF AN EMERGENCY AND THE PARENT/GUARDIAN/EMERGENCY CONTACT CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO BE TRANSPORTED TO MIDDLESEX HOSPITAL OR ANY NEARBY MEDICAL FACILITY. IT IS HEREBY UNDERSTOOD AND AGREED THAT I SHALL ASSUME FULL FINANCIAL RESPONSIBILITY FOR ANY COSTS OVER AND ABOVE THAT WHICH IS NOT COVERED BY HEALTH INSURANCE. TO THE FULLEST EXTENT PERMITTED BY LAW, I AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF MIDDLETOWN AND ITS EMPLOYEES FROM ANY INJURIES OR DAMAGES CAUSED BY OR RESULTING FROM VOLUNTEERING IN THIS PROGRAM. A PHOTOSTATIC COPY OF THIS WAIVER FORM WITH MY SIGNATURE SHALL BE CONSIDERED AS VALID AS THE ORIGINAL.

PARENTAL PERMISSION (IF UNDER 18 YEARS): I HEREBY GIVE PERMISSION FOR MY TEENAGER TO VOLUNTEER IN MIDDLETOWN RECREATION. I UNDERSTAND THE PROGRAMS ARE PHYSICALLY DEMANDING, BUT I FEEL MY TEENAGER HAS THE ABILITY NEEDED TO BE A VOLUNTEER. I HEREBY AGREE TO THE CONDITIONS SEEN ABOVE.

SIGNATURE (REQUIRED) _____ DATE _____

LETTER STATING THE REQUEST FOR VOLUNTEER HOURS: YES _____ NO _____

LETTERS OF RECOMMENDATION: YES _____ NO _____ DEPARTMENT APPROVAL: YES _____ NO _____