



Volunteer Application

Thank you for your interest in volunteering with SPRD. As a volunteer, you are a valued part of a team serving the youth of our community. We couldn't do it without you! Our goal is to make your volunteer experience with us a great one!

Please drop applications off at SPRD 1750 W McKinney Butte Rd Sisters, OR 97759 541-549-2091

Contact Information

Name	
Mailing Address	
City ST ZIP Code	
Home/Cell Phone	
Work Phone	
E-Mail Address	

Emergency Contact Name:
Phone:

Reference Name:
Phone:

Reference Name:
Phone:

Availability/Interests

When are you available for volunteering and which areas interest you? (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Tournament Weekends
<input type="checkbox"/> Game Days
<input type="checkbox"/> Field Support
<input type="checkbox"/> Officiating | <input type="checkbox"/> Office Support (M-F 9-5pm)
<input type="checkbox"/> Fundraising/Community Events
<input type="checkbox"/> Janitorial Duties for Games & Tournaments
<input type="checkbox"/> Coaching (Please complete Sports Coach section of application) |
|--|---|

Other information you'd like us to know _____

Sports

Tell us which sport, if any, interest you? (please check all that apply)

- Middle School Volleyball
- Middle School Football
- Middle School Basketball
- Middle School Track & Field
- Outlaw Volleyball Club
- Lacrosse
- Other _____

Sports Coaches Only

Sport:	
Coaching Position Desired:	
Age Group:	
Grade:	
Child/Children's names you wish to coach:	
Have you ever coached before? If so, describe.	

All Applicants please read and sign below

In exchange for the consideration of my volunteer application by the Sisters Park & Recreation District, I agree that: I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for rejection of my application or dismissal from a volunteer position at any time without any previous notice. I hereby give the District permission to review public records regarding my personal and professional background, and to contact schools, previous employers, references, and others, and hereby release the District from any liability as a result of such contacts. I agree immediately to notify the District if I should be convicted of a crime while my volunteer application is pending, or during my volunteer assignment, if I am accepted.

I understand that criminal history verification will be conducted. _____ ***Initial Here***

I understand that there are risks, hazards and injuries incidental to the conduct of the activity and I do further release, absolve, indemnify and hold harmless the organizers, supervisors, the Sisters Park and Recreation District, any and all of them. In case of personal injury, I hereby waive all claims against the organizers, the Sisters Park and Recreation, or any supervisors appointed by them. I hereby give my consent for emergency medical treatment. I understand that the District does not provide insurance coverage and that this is a personal responsibility. I also agree to allow the District to use and reproduce my name and/or likeness in District publications and information. _____ ***Initial Here***

I understand that I will not be compensated for my volunteer service with the Sisters Park and Recreation District. _____ ***Initial Here***

Sisters Park and Recreation District is an equal employment opportunity employer and extends this philosophy to volunteers. We adhere to a policy of making employment and volunteer placement decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, disability, or any other status protected by law.

Thank you for completing this application form and for your interest in our organization.

Name (printed)	
Signature	
Date	

For District Use Only

Date Received _____ Orientation Date _____

Criminal History Check Completed _____ Referred to _____