

Lancaster Rec Volunteer Application

Use extra paper to complete if additional space is required.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION
MUST BE ATTACHED AND USED TO VERIFY INFORMATION BELOW.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

E-mail Address _____ Cell Phone _____

Date of Birth _____

Occupation _____ Social Security # _____

Employer _____

Address _____

Special professional training, skills, hobbies _____

Community affiliations (clubs, service organizations, etc.) _____

Previous volunteer experience (please include dates) _____

Do you have children or grandchildren in the program? Yes ___ No ___

If "Yes" at what level? _____

Special certifications held (CPR, medical, etc.) _____

Do you have a valid driver's license? Yes ___ No ___

Driver's license # _____ State _____

Have you ever been convicted of or plead guilty to any crime(s)? Yes ___ No ___

Have you ever been convicted of or plead guilty to any crime(s) against minors? Yes ___ No ___

If the answer is "Yes" to either of these questions please give the nature of the crime, dates of convictions and the court in which you were convicted. _____

Have you ever been refused participation as a volunteer in any other youth programs? Yes ___ No ___

If "Yes", please explain: _____

Have you ever been required in Pennsylvania or another state to register under Megan's Law?

Yes ___ No ___

In which of the following would you like to participate? (Check one or more.)

Coach ___ Referee/Umpire ___ Field Maintenance ___ Concession Stand ___

Program Facilitator ___ Facility Maintenance ___ Office Assistant ___

Before/After School Program ___ Summer Day Camp ___ Other ___

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name _____ Phone _____

As a condition of volunteering, I give permission for the Lancaster Recreation Commission to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the Lancaster Recreation Commission receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Lancaster Recreation Commission, its officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the Lancaster Recreation Commission is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I can be subject to suspension and removal from my volunteer position for violation of Lancaster Recreation Commission policies or principles.

Applicant Signature _____ Date _____

Applicant Name (please print or type) _____

NOTE: Lancaster Recreation Commission does not discriminate against any person on the basis of race, creed, national origin, marital status, gender, sexual orientation or disability.

Lancaster Rec use only:

Background check completed by _____ Date _____

System(s) used for background check (minimum of one must be checked):

Sex Offender Registry ___ Criminal History Records ___ Choicepoint ___

Attach to this application copies of background check reports.