

Brookline Recreation – Volunteer Application

133 Eliot Street
Brookline, MA 02467
www.brooklinerec.com

Phone: 617.730.2069
Fax: 617.879.0774

Volunteer Application

Personal History (Please Print)

Name: _____

Last

First

Middle

Home Phone: (____) _____

Cell Number: (____) _____

Work Phone: (____) _____

Age: _____ Date of Birth: _____

Address: _____

Street

City

State

Zip

Email Address: _____

How did you hear about us? : _____ (i.e. friend, web, ad, etc.)

Seasonal Volunteer Desired

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> School Based Activities | <input type="checkbox"/> Rink Activities | <input type="checkbox"/> Youth Activities | <input type="checkbox"/> Sport Activities |
| <input type="checkbox"/> Aquatic Activities | <input type="checkbox"/> Camp Activities | <input type="checkbox"/> Tennis Activities | <input type="checkbox"/> Gym Activities |
| <input type="checkbox"/> Teen Activities | <input type="checkbox"/> Therapeutic Activities | <input type="checkbox"/> Community Activities | <input type="checkbox"/> Nature Activities |
| <input type="checkbox"/> Adult Activities | <input type="checkbox"/> Golf Activities | <input type="checkbox"/> Other _____ | |

Please describe your Experience in your Area of Interest.

Certifications:

Please indicate you current certifications and the expiration dates of each certification:

Lifeguard Training: Yes / No Expires: _____ Water Safety Instructor: Yes / No Expires: _____

CPR: Yes / No Expires: _____ First Aid: Yes / No Expires: _____

Other(s): Please be specific: _____

References (Names of three persons not related to you whom you have known at least one year.)

	Name of Reference	Name of Business	Business Address/Telephone	Years Known/Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Miscellaneous

1. Why do you want to work for the Brookline Recreation Department?

2. What do you think you can contribute to the Brookline Recreation Department in the role for which you have applied?

I understand a training session may be required prior to the start of my volunteering.

I HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE TOWN OF BROOKLINE RECREATION DEPARTMENT, THEIR DIRECTORS, INSTRUCTORS, STAFF, VOLUNTEERS AND PARTICIPANTS FROM ANY CLAIM ARISING OUT OF INJURY TO MYSELF. IN CASE OF MEDICAL EMERGENCY, I HEREBY GIVE PERMISSION TO SECURE PROPER TREATMENT FOR MYSELF INCLUDING HOSPITALIZATION, INJECTIONS, ANESTHESIA, SURGERY OR ANY PROCEDURES AS RECOMMENDED BY MEDICAL PERSONNEL.

Signature: _____ **Date:** _____

Please return to: **Brookline Recreation**
133 Eliot Street
Brookline, MA 02467

Fax 617.879.0774

Email recreation@brooklinema.gov