

Harwich Recreation Department Youth, Park, Beach, & Commission



VOLUNTEER APPLICATION

POSITION: _____ DATE _____

CIT, OFFICE OR COMMUNITY SERVICE

LAST NAME _____ FIRST NAME _____

PH# _____ CELL # _____

SS # _____ - - _____ DATE OF BIRTH _____ / _____ / _____ AGE* _____

MAILING ADDRESS _____
STREET CITY STATE ZIP

SUMMER ADDRESS _____
STREET CITY STATE ZIP

DAYS OF THE WEEK AND HOURS YOU ARE AVAILABLE _____

WERE YOU REFERRED BY SOMEONE? YES / NO NAME _____
CIRCLE ONE

HAVE YOU EVER APPLIED TO THE TOWN OF HARWICH BEFORE? YES / NO IF YES, LIST DATE & DEPT _____
CIRCLE ONE

DO YOU HAVE ANY RELATIVES IN TOWN OF HARWICH EMPLOYMENT? YES / NO
IF YES CIRCLE ONE
STATE NAME _____ RELATIONSHIP _____ DEPARTMENT _____

CIT'S - PLEASE CHOOSE THE SESSION YOU WOULD LIKE TO VOLUNTEER FOR:

First Choice Session #
1 2 3 4
CIRCLE ONE**

Second Choice Session #
1 2 3 4
CIRCLE ONE**

***MINIMUM AGE 14, PRIOR TO SESSION START DATE**

**** Please choose only the session that you can complete the full 2 weeks, only 4 CIT'S will be chosen for each session after all applicants have been interviewed**

IMPORTANT: A PHOTOCOPY OF YOUR ID AND COPIES OF ANY CURRENT CERTIFICATES SHOULD BE SENT WITH THIS APPLICATION.

PLEASE TURN OVER TO COMPLETE APPLICATION →

FOR OFFICE USE ONLY:

SESSION # 1 2 3 4 SEASON # _____
CIRCLE ONE

INTERVIEW DATE _____ / _____ / _____

DATE APPROVED _____ / _____ / _____

CERTIFICATES:

	HAVE / VALID THRU
FIRST AID	Y/N _____
CPR	Y/N _____

100 Oak Street

Director:

Eric J. Beebe 508-430-7552
ebeebe@town.harwich.ma.us

Harwich, MA 02645

Executive Assistant:

Lee A. Ames 508-430-7553
lhemeon@town.harwich.ma.us

Fax 508-430-7579

Recreation Program Specialist:

Susan H. Fraser 508-430-7553
sfraser@town.harwich.ma.us

OTZ-FAZOSUMT
YFZO-HC

EDUCATION:

SCHOOL	NAME	ADDRESS	GPA
School			
Other (Specify)			

SPECIAL TRAINING OR CERTIFICATIONS: _____

ACTIVITIES / INTERESTS (CIVIC, ATHLETICS, ETC.):

FORMER EMPLOYERS OR VOLUNTEER WORK: STARTING WITH PRESENT OR MOST RECENT

Name & Address of Employer	Employment Dates	Salary	Position	Reason for Leaving
1)				
	From:	\$Hr		
	To:			
2)				
	From:	\$Hr		
	To:			

MEDICAL RELEASE

I give my son/daughter permission to participate in the Harwich Recreation & Youth Volunteer Program. I understand that The Department, its Directors, Staff, are not liable for unforeseen circumstances and that my child is participating at his/her own risk. I authorize the Harwich Recreation & Youth Department's Directors and Staff to seek medical assistance if necessary.

PARENTAL / GUARDIAN

SIGNATURE _____ DATE _____