



Leisure Services
10610 W. Oakland Park Blvd. • Sunrise, FL 33351 • P: 954.747.4600 • F: 954.572.2476

YOUTH ATHLETICS VOLUNTEER APPLICATION

(Please use ink or typewriter, and complete all sections.)

Name: _____

Phone: _____ (daytime) _____ (evening) _____ (cellular)

Address: _____

Email _____

Division Choices (age group): 1. _____ 2. _____

Freezes: 1. _____ 2. _____

Certifications:

Please list any certifications or special training related to working with children (NYSCA, First Aid, CPR, etc.)

Previous Volunteer Experience:

List all positions held in the past five years, beginning with your most recent experience as a volunteer (including youth sports, special events, etc.). If more space is needed, attach a supplemental sheet.

Dates: From (month/year) _____ To (month/year) _____

Program: _____

Address: _____

Phone Number: _____

Supervisor's Name: _____

Reason for Leaving: _____

Position Held: _____

Specific Duties: _____

Dates: From (month/year) _____ To (month/year) _____

Program: _____

Address: _____

Phone Number: _____

Supervisor's Name: _____

Reason for Leaving: _____

Position Held: _____

Specific Duties: _____

Dates: From (month/year) _____ To (month/year) _____

Program: _____

Address: _____

Phone Number: _____

Supervisor's Name: _____

Reason for Leaving: _____

Position Held: _____

Specific Duties: _____

References:

Please provide the names, addresses and phone numbers of three people, not related to you, who are familiar with your past work with children.

Name # 1: _____ Phone Number: _____

Address: _____

Name # 2: _____ Phone Number: _____

Address: _____

Name # 3: _____ Phone Number: _____

Address: _____

In Case of Emergency, Please Notify:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Certification and Authorization:

I hereby authorize investigation of the aforementioned statements, and I understand that misrepresentation or omission of pertinent facts may be grounds for dismissal.

Signature: _____ Date: _____

Release:

I hereby release and agree to indemnify and hold harmless the City of Sunrise, the Department of Leisure Services, and any official employee or volunteer of the City of Sunrise against any and all claims resulting from participation in this program, with my knowledge that by participating in this activity, I assume any risk of injury. I hereby give permission to the City of Sunrise to use and display any photographs taken of me, which may be forwarded to newspapers and other publications in which the photograph would be associated with the City of Sunrise. I hereby give permission to receive any necessary medical treatment for injury or sickness, outpatient care and/or in-hospital treatment.

Signature: _____ Date: _____