



Adaptive Recreation Volunteer Application

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Phone: Home _____ Cell _____

E-Mail Address: _____

Are you 18 or over? Yes No

Volunteer Interest within Adaptive Recreation:

Sports Aquatics Outdoor Recreation Gardening
 Cooking Arts & Crafts Special Events Other

Would you be interested in photographing our Adaptive Recreation activities? Yes No

Relatable Volunteer Experience

Organization: _____

Address: _____
Street City State Zip Code

Name of Supervisor: _____ Phone: _____

Volunteered From: _____ To: _____ Title: _____

Duties: _____

What type of volunteer experience do you have? Paid Experience Volunteer Experience Hobby

References

Please list one person (not related to you) who have known you for at least one year.

Name: _____ Phone: _____ Relationship: _____

Address: _____
Street City State Zip Code

Please answer the questions below as completely as possible: You may attach additional pages if necessary. But please put your name on all pages.

1. Describe your skills/abilities in recreation and leisure? (i.e. sports, outdoors, arts, etc.) _____

2. What interests you the most in Adaptive Recreation? _____

3. What interests you the least in Adaptive Recreation? _____

4. What are you looking to gain experience in while volunteering for Adaptive Recreation? _____

5. What days and time are you available? _____

Signature

I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that if I am asked, I will have to verify any and all information given on this application. I understand that this application is the property of Carson City Parks, Recreation & Open Space and will not be returned. I authorize Carson City Parks, Recreation & Open Space to investigate my background by contacting my references. I understand that any misrepresentation, falsification, or material omission of information may result in my failure to volunteer for Carson City Parks, Recreation & Open Space. I will be required to submit to a criminal background check. I may be required to submit to a drug test before I begin to volunteer for Carson City Parks, Recreation & Open Space. I understand that I must notify Carson City Parks, Recreation & Open Space of any changes in my name, address, or phone number.

Signature

Date

Please return to:

Candice Harris | Adaptive Recreation Specialist | 775-283-7424 (Phone) | 775-887-2256 (Fax)

Email: charris@carson.org

In Person: 851 E. William St, Carson City, NV 89701

Mail: 841 N. Roop St, Carson City, NV 89701

Date Application Received: _____ Date Background Check Completed: _____

Approved: Yes No Reason if no: _____