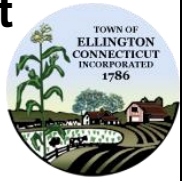




Town of Ellington Parks & Recreation Department

Application for



Sports Officials Program Instructors Special Events Volunteer

PERSONAL INFORMATION: (Please Print)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Adult Student Male Female Date of Birth: _____

Have you been convicted of a crime in the past ten years which has not been annulled, expunged or sealed by court? No Yes If yes, describe in full in "Comments" section on page 2 of this form.

Medical Concerns: _____
 Glasses Contact Lenses Hearing Aid Braces Knee Problem Back Problem Hypertension Asthma

Physician Name: _____ Physician Phone: _____ Hospital Preference: _____

Student ONLY: School: _____ Grade: _____

Name of Class Requiring Service Hours: _____

Name of Instructor/Teacher: _____

EMERGENCY CONTACT:

First Name: _____ Last Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

SERVICE:

Project/Event Name: _____

Special Skills or Talents: _____

Any restrictions (i.e. no heavy lifting): _____

Complete the Hold Harmless Agreement Form and bring it with you to your interview appointment. You will not be able to start your assignment until the completed, signed form is submitted.

Please forward this application to the Robert Tedford or Mary Bartley, Parks & Recreation Department, 31 Arbor Commons, PO Box 187, Ellington, CT 06029; or e-mail rtedford@ellington-ct.gov. Forms sent through e-mail can be signed during the interview process. All information will be kept confidential.

By signing this application I hereby agree to the Acknowledgement as described on Page 2.

Applicant's Signature

Date

Parent Signature, if minor

