Town of Ellington Parks & Recreation Department

Application for

🗆 Sports Officials 🗆 Program Instructors 🗀 S	Special Events 🗆 Volunteer
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First Name:	Last Name:		
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone	
E-mail Address:			
□ Adult □ Student	□ Male □ Female	Date of Birth:	
	of a crime in the past ten years which describe in full in "Comments" secti		d or sealed by
	ontact Lenses Hearing Aid Braces I	••	
Physician Name:	Physician Phone:	Hospital Preference	:e:
Student ONLY: School:		Grade:	
Name of Cla	ass Requiring Service Hours:		
Name of Ins	tructor/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):		
<u>-</u>	ss Agreement Form and bring it with nment until the completed, signed for	• • • • • • • • • • • • • • • • • • • •	nt. You will not
be able to start your assign	iment until the completed, signed for	iii is subiliitteu.	
Commons, PO Box 187, Ell	ition to the Robert Tedford or Mary B ington, CT 06029; or e-mail <u>rtedford</u> iew process. All information will be	@ellington-ct.gov. Forms sent th	
By signing this application	I hereby agree to the Acknowledger	nent as described on Page 2.	
Applicant's Signature		The Parent Signature, if I	minor

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BACKGROUND CHECK AUTHORIZATION : I authorize representatives of the Town of Ellington to obtain pertinent information regarding my background and to consider the information provided by the background check when making decisions regarding my application. I authorize all persons having knowledge of my record or myself to release such information to the Town and hereby release all persons from liability for any damage that may result from furnishing such information to the Town. I understand that I cannot perform any services for the Town of Ellington until a satisfactory background check is complete.		
Applicant Signature:	Date:	
Parent's Signature, if mi	nor: Date:	
ACKNOWLEDGEMENT Comments:	 Perform the job duties as described by staff. Dress and conduct myself in a professional manner. Be responsible for my own transportation to and from assignments. Notify staff if I am unable to report to my scheduled assignment. Abide by Town Ellington Conduct Rules, which prohibit the possession or use, during any Department activity, of weapons, smoking, drugs, alcohol or any form of harassment toward any participant, officials or observers. The Town has a zero tolerance for a violation of any of these rules, published from time to time. 	
Interview Date:	Interviewer's Signature:	