

Julie Mallett, CPRP Tel: 781-334-9488

Director of Lynnfield Recreation Fax: 781-334-5829

**Community Service Volunteer Application**

(This Form must be completed **by the applicant**. Please print clearly or type)

**Applicants must be going into ninth grade**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When are you available? Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours you are available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many hours a week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of volunteer work do you want to do?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Why do you want to be a volunteer?

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**What activities, civic groups, etc., are you involved in?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have some special skills to bring to a volunteer position?**

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**Do you have a First Aid, CPR or other certifications?** \_\_\_\_ Yes No\_\_\_\_

**If yes, list certification(s) held with expiration date(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What interests or hobbies do you have?**

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**Emergency Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

**Please attach the Lynnfield Recreation Volunteer Rules and Expectations**

**signed by applicant & Parent**

**Lynnfield Recreation Station**

**Volunteer Rules and Expectations**

Thank you for your interest in being a volunteer at Lynnfield Recreation Station this summer! Wecould not have such a large and successful program without your help. As a volunteer, you do not need to be at camp every day, but when you are here, please remember, you are here to help. Please read the expectations of your volunteer position below. You and a parent must sign and return this sheet to Mrs. Mallett,, Mrs. Ferullo or Mr. Wein before you begin volunteering.

The safety of our campers is always the top priority. As a volunteer *we* count on you to help maintain the safety of all campers throughout the morning.

**This includes:**

* \* Keeping all campers out of wooded areas
* \* Retrieving any balls or equipment that go into the parking lot or street
* \* Ensuring all children play by the rules of various games*/*sports
* \* Ensuring children never hit or push one another and reporting any incidents to a

 STAFF member immediately

\*Ensuring children are never left unsupervised

\* Reporting any First Aid or conduct issues to a STAFF member

**You will be assigned a STAFF member to help. This includes:**

o Being present at morning check-in and afternoon check-out times

 o Knowing your campers (names, allergies, special instructions, etc.)

 o Helping to distribute popsicles fairly

o Following any instructions from your STAFF member

\* You must walk children to and the from the bathroom as needed you should wait in the hallway until they are finished

\* Ensure no children are hanging out in classrooms or any part of the school

\*Volunteers should never be sitting around in groups socializing. - We are here to play and be active and you should constantly be with children

**\* Most important: SET A POSITIVE ROLE MODEL FOR YOUNGER CAMPERS!**

If you agree to the expectations above, please sign below and have a parent sign as well. You **cannot** begin volunteering until this form is returned to Mrs. Mallett, Mrs. Ferullo or Mr. Wein. If you are unable to follow these expectations, you will may not be asked back to volunteer.

**Volunteer Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**