

Ernsthausen Recreation Center 100 Republic Street Norwalk, Ohio 44857

CITY OF NORWALK PARKS & RECREATION DEPARTMENT

VOLUNTEER INFORMATION FORM

Personal Information					
Name: Spouse/Parent Name:					
Address:					
City:					
Date of Birth: (optional):/ MaleFemale					
Email Address: Cell Phone:					
Current Occupation:					
Experience/ Skills/ Certificates/ Certifications					
Have you served as a City of Norwalk Parks & Recreation Volunteer before? YesNo					
Education Background: (Please check highest level attained)					
ElementaryMiddle SchoolHigh School GraduateCollege Graduate					
College Degree/Major:					
Hobbies/ Interests:					
Special Skills/ Certificates/ Certifications:					
What do you hope to gain by volunteering?					
Area of Interest/ Availability/ References					
Area of Interest/ Availability/ References					
Volunteer hours needed for:SchoolCourt Ordered (if Court ordered, what was the offense?)					
How many hours do you want/need to volunteer?					
What day(s) and time(s) would you be available to volunteer?					
Are you involved in any civic groups, hobbies or other volunteer activities?YesNo					
Please indicate areas of interest:					
Youth Programs/ ClinicsSpecial EventsParksScorekeeping					
Facilities/CleaningFront Desk/Office Work					



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2. Name: Phone: Cell:	In ca	se of emergency, call:			
References: 1. Name:	1.	Name:	Phone:	Cell:	
1. Name: Phone: Zip: Zip: Address: City: Zip: Zip:	2.	Name:	Phone:	Cell:	
Address: City: Zip: Cell: Address: City: Zip: Zip: Zip: Zip: Zip: Zip: Zip: Zip	Refe	rences:			
2. Name:	1.				
NOTICE TO APPLICANTS INTERESTED IN WORKING WITH YOUTH To support the safety of our community, ALL volunteers 13 years of age and older having direct contact with minors and people with disabilities will not be scheduled to volunteer until a criminal records check through the Local Police Department or the Ohio Department of Justice is complete. Date of Check: Approved By: I understand that as a volunteer for the City of Norwalk Parks & Recreation Department, I will adhere to program guidelines and will not alter program content without the prior approval from my direct Supervisor. Signature: Date: Volunteers 17 years of age and under, must have parental/ legal guardian consent prior to volunteering. Parent/ Legal Guardian's Signature: Date: Promore information, please contact: Flease return form to the following location: Ernsthausen Recreation Center Norwalk Parks & Recreation Coordinator Rorwalk Parks & Recreation Condinator Norwalk Parks & Recreation Center Norwalk Parks & Recreation Center Norwalk OH 44857 www.norwalkrec.com (419) 663-6775 ext. 28 or sstrecker@norwalkoh.com Norwalk, OH 44857 Www.norwalkrec.com OFFICE USE ONLY: Supervising Staff Member: Total Hours: Total Hours: Date: Hours Worked:		Address:	City:	Zip:	
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For more information, please contact: Stacie Stecker, Recreation Coordinator Norwalk Parks & Recreation (419) 663-6775 ext. 28 or sstrecker@norwalkoh.com www.norwalkrec.com OFFICE USE ONLY: Supervising Staff Member: Date: Hours Worked:	Volu	inteers 17 years of age and under, must b	nave parental/ legal guardian consent pri	ior to volunteering.	
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