

Department of Parks & Recreation
Silver Spring Township
VOLUNTEER APPLICATION
(Please print/type all information)

Name: _____ Today's Date: _____

Home Address: _____

City/State/Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

Best way to contact you: Daytime Phone Evening Phone E-mail

Personal Information: I am 18 or older If you are under 18, please list your age: _____

Date of Birth (month/day/year): _____

Emergency Contact Information~ Name: _____

Relationship: _____ Phone Number: _____

Medical Information: *Are there any allergies, medical issues or disability concerns that we should be aware of?*

Education (check all that apply): High School Graduate Undergraduate Degree Graduate Degree

Employment Information (please check): Employed Unemployed Retired Student

Please list employer's name or school attending: _____

Previous Volunteer Experience: _____

General Information: Affirmative responses to the following questions will not automatically exclude you from volunteering.

- Have you ever been dismissed or asked to resign from any position for reasons other than disability? No Yes

If yes, please explain: _____

- Have you ever been convicted of an offense in an adult court? No Yes

If yes, please explain: _____



Participating Volunteer Hours

Please list specific times you are able to commit to.

Hours Available: _____

Please list any special interest: _____

Please read the following carefully

If volunteer is under 18 years of age, a parent or guardian must consent to an applicant working as a volunteer. I hereby consent to my child's participation in an event held by the Department of Parks and Recreation for Silver Spring Township.

Signature of Parent/Guardian

Date

I hereby certify that the information provided above is true and complete to the best of my knowledge. I understand that I will not be paid as a volunteer and that I will serve at the pleasure of the Department of Parks and Recreation (or their designee) and may be dismissed from my volunteer duties at any time, with or without cause. A volunteer may not be selected for volunteer service. This determination may be made with or without cause. On behalf of myself and/or my child, I understand that there are inherent dangers in any recreational activity or program such as slips, falls, and various athletic injuries related to sports and play. I/we hereby hold harmless and indemnify the Township of Silver Spring, its officials, agents and employees from liability or obligation arising from, or in connection with, my/my child's volunteer activities.

Signature of Applicant

Date

If you have any questions or need more information, please contact:

Jeff Williams, Director of Parks and Recreation

E-mail: jwilliams@silverspringtwp-pa.gov

-OR-

Kristy Owens, Assistant Director of Parks and Recreation

E-mail: kaowens@silverspringtwp-pa.gov

Office Phone: 717-766-0178

Fax: 717-766-1696

Return application to:
Silver Spring Township
Attn: Parks and Recreation Department
6475 Carlisle Pike
Mechanicsburg, PA 17050

