

**Town of Beekman Recreation & Parks**

29 Recreation Center Road  
Hopewell Junction, NY 12355  
845-227-5783 845-227-9685F

[recdirector@townofbeekmanny.us](mailto:recdirector@townofbeekmanny.us) [www.beekmanrec.com](http://www.beekmanrec.com)



**Volunteer Application**

\_\_\_\_\_  
Last Name First Name Middle Initial Email

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

\_\_\_\_\_  
Street Town State Zip Type of work you would like to do

Have you been previously been involved with Beekman Rec \_\_\_No \_\_\_Yes: List years & describe involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime (other than traffic violations)? \_\_\_No \_\_\_Yes: please state offense: \_\_\_\_\_,  
date: \_\_\_\_\_ and location: \_\_\_\_\_. (A conviction record will not necessarily be cause for disqualification)

**Availability** Date you would like to begin: \_\_\_\_\_ Check off availability in chart below or describe in "other"

	Mornings	Afternoons	Evenings	Other
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Please describe any interests or skills that you could share with Rec members: \_\_\_\_\_  
\_\_\_\_\_

Describe any leadership experiences you have had: \_\_\_\_\_  
\_\_\_\_\_

Please describe something that you've done in your life that you are especially proud of: \_\_\_\_\_  
\_\_\_\_\_

List updated certifications, licenses and trainings (Please enclose a copy):

<u>Type</u>	<u>Expires</u>	<u>Type</u>	<u>Expires</u>
Drivers License # _____	_____	CPR (Type) _____	_____
State _____	_____	Lifeguard _____	_____
Community First Aid _____	_____	WSI _____	_____
AED _____	_____	Project Adventure _____	_____
RTE _____	_____		

## EDUCATION

Name of Schools (High School, College, Graduate School)	Major area of study	Dates	Highest Grade Completed	Degree or Credits

**EMPLOYED or VOLUNTEER EXPERIENCE** - List most recent experiences first-enclose resume or use additional paper as needed

SUPERVISOR'S NAME , ADDRESS & EMAIL	POSITION/MAJOR RESPONSIBILITIES	REASON FOR LEAVING	
MAY WE CONTACT?	TYPE of BUSINESS	DATES From          To	SUPERVISOR'S PHONE
SUPERVISOR'S NAME , ADDRESS & EMAIL	POSITION/MAJOR RESPONSIBILITIES	REASON FOR LEAVING	
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**List 3 non-relatives and non-peers** who can attest to your character, work ethic and ability to do the type of work you are applying to perform

NAME & EMAIL	ADDRESS	PHONES	POSITION/ TITLE

I certify that the statements made in this application (and any accompanying resume) are true and correct to the best of my knowledge. I understand that any misinformation, falsification or failure to disclose pertinent information will result in the termination of my services. I authorize all present or prior employers, educational institutions and the individuals listed by me on this application to release to Beekman Recreation any information relevant to this application, including information about my employment record, and hereby release them from liability and responsibility for doing so. To protect the people in our care, as well as the staff members and volunteers who serve them, we follow strict policies on abuse prevention. We do everything possible to screen out potential offenders and to prevent abuse from occurring to people in our care. I understand that Beekman Rec reserves the right to conduct a criminal background check and that by signing this application I consent to blood and alcohol testing and that failure to submit to such testing immediately shall be grounds for dismissal.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

If applicant is a minor the Parent/Guardian signature below indicates agreement with the above statements and consents.

\_\_\_\_\_  
Parent/Guardian Printed Name \_\_\_\_\_  
Parent/Guardian Signature