

TOWN OF EAST BLOOMFIELD

Summer Recreation Program Volunteer Application

Please return applications to the Elementary School Office, or to the East Bloomfield Town Hall

No later than **Monday, June 3, 2024**

Applicant Name _____ Age ____ Birth Date _____

Address _____

Home Phone: _____ Cell Phone: _____ OK to text: YES NO

Email Address _____

Current Grade _____ T-shirt Size: Child: S M L Adult: S M L XL XXL

(Circle size)

Applicants must be entering at least the 8th grade this upcoming school year.

Volunteers work with different age groups and specialist areas. Please number in order your top three choices from the following: (You must number your top 3 choices 1, 2, 3)

Age Groups:

- ___ Grades UPK, K, 1
- ___ Grades 2-3
- ___ Grades 4-5
- ___ YPGO

Specialist Areas:

- ___ Science
- ___ Arts & Crafts
- ___ Athletics
- ___ Music/Dance

It is essential to the success of the program that volunteers report to work on time and be present every day. Preference will be given to those applicants who can commit to volunteering **Monday through Friday, from 8:30 am to 12:15 pm.** It is understood that there may be occasions when volunteers will be asked to work additional hours for meetings, field trips, orientation and planning. Occasionally, volunteers will not be able to work as scheduled due to family vacations or other conflicts. Please identify any days you will not be able to work. **The summer rec camp season starts Monday, July 1st and ends on Friday, August 9th.** **In addition, there is one extended beach day on August 1st until 3:30pm.** **Finally, our staff and volunteer training day will be on: Monday, June 24 from 4:30-6pm at our summer rec home at Veterans Park.**

Describe any experience you have had working with children, for example, coaching, babysitting, etc.

REFERENCES:

List contacts for references, such as teachers or community members. Please do not use relatives.

Name	Phone #	Position / Relationship
1.		
2.		

APPLICANT'S ACKNOWLEDGEMENT

Volunteering alone does not guarantee future employment within the recreation program. Performance, attendance, effort and mindset will all be considered when looking at hiring opportunities. I hereby affirm that all information provided on this application is true. I give permission to the Director and Assistant Director of the East Bloomfield Summer Recreation Program to contact the references provided to verify information. I will plan my summer accordingly and will work each day unless prior notice is given. I will follow directions given to me by the counselors, director and assistant director.

Applicant's Signature: _____ **Date:** _____

You will be contacted via text or email about the status of your application as they are received by Amy and Kelly. Any questions can be directed to Amy Culbertson by calling or texting her at 585-905-7256 or emailing her at amyculbertson@gmail.com

PARENT'S PERMISSION TO PARTICIPATE

The Town of East Bloomfield Recreation Program endeavors to ensure the safety of all children, volunteers and employees attending our program. The Town of East Bloomfield Recreation Program does not provide medical coverage. All participants should be covered under their parent's medical policy. In the event of injury, attempts will be made to contact the parents involved by phone immediately or as soon as possible.

I give permission for my child to participate in all scheduled activities. I acknowledge and voluntarily assume on behalf of my child, any and all risks involved in the recreational activities and declare that I have accident/medical insurance and that any injuries which may occur to my child will be charged to my medical policy.

I hold harmless and further release from any liability the Town of East Bloomfield and any of its employees for any liability that may occur through my child's participation as a volunteer in any of the Recreation Department's activities. In the event that my son or daughter is injured, I authorize the Recreation Program Director, Recreation Program Assistant Director or Recreation Program Nurse to seek medical care. I acknowledge and understand that I will be solely responsible for payment of any costs of such care.

Parent or Legal Guardian Signature _____

Date _____

EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____

Address:

Home Phone _____ Work Phone _____ Cell

Phone _____

Allergies or any other medical conditions (please describe)
