



Town of Ellington Parks & Recreation Department

Application for



Sports Officials Program Instructors Special Events Volunteer

PERSONAL INFORMATION: (Please Print)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Adult Student Male Female Date of Birth: _____

Have you been convicted of a crime in the past ten years which has not been annulled, expunged or sealed by court? No Yes If yes, describe in full in "Comments" section on page 2 of this form.

Medical Concerns: _____

Glasses Contact Lenses Hearing Aid Braces Knee Problem Back Problem Hypertension Asthma

Physician Name: _____ Physician Phone: _____ Hospital Preference: _____

Student ONLY: School: _____ Grade: _____

Name of Class Requiring Service Hours: _____

Name of Instructor/Teacher: _____

EMERGENCY CONTACT:

First Name: _____ Last Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

SERVICE:

Project/Event Name: _____

Special Skills or Talents: _____

Any restrictions (i.e. no heavy lifting): _____

Complete the Hold Harmless Agreement Form and bring it with you to your interview appointment. You will not be able to start your assignment until the completed, signed form is submitted.

Please forward this application to the Dustin Huguenin or Mary Bartley, Parks & Recreation Department, 31 Arbor Commons, PO Box 187, Ellington, CT 06029; or e-mail dhuguenin@ellington-ct.gov Forms sent through e-mail can be signed during the interview process. All information will be kept confidential.

By signing this application I hereby agree to the Acknowledgement as described on Page 2.

Applicant's Signature

Date

Parent Signature, if minor

Town of Ellington Parks & Recreation Department

Application for Sports Officials Program Instructors Special Events Volunteer

Page 2

BACKGROUND CHECK AUTHORIZATION: I authorize representatives of the Town of Ellington to obtain pertinent information regarding my background and to consider the information provided by the background check when making decisions regarding my application. I authorize all persons having knowledge of my record or myself to release such information to the Town and hereby release all persons from liability for any damage that may result from furnishing such information to the Town. I understand that I cannot perform any services for the Town of Ellington until a satisfactory background check is complete.

Applicant Signature: _____

Date: _____

Parent's Signature, if minor: _____

Date: _____

ACKNOWLEDGEMENT: I agree that while serving the Town of Ellington, I will:

- Perform the job duties as described by staff.
- Dress and conduct myself in a professional manner.
- Be responsible for my own transportation to and from assignments.
- Notify staff if I am unable to report to my scheduled assignment.
- Abide by Town Ellington Conduct Rules, which prohibit the possession or use, during any Department activity, of weapons, smoking, drugs, alcohol or any form of harassment toward any participant, officials or observers. The Town has a zero tolerance for a violation of any of these rules, published from time to time.

Comments: _____

Interview Date: _____

Interviewer's Signature: _____