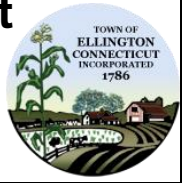


# Town of Ellington Parks & Recreation Department

## 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](mailto: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:  
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Interview Date: \_\_\_\_\_ Interviewer's Signature: \_\_\_\_\_