



City of Bluefield Parks & Recreation After-School & Day Camp Program

Volunteer Application

PLEASE PRINT AND COMPLETE ALL SECTIONS

Today's Date: _____

Name

Full Name: _____
Last First M.I. Age & DOB

Organization

Organization Name: _____

Personal

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Can you perform the essential function of the position for which you are volunteering? YES NO

Partnership Opportunity

May we keep your information for future volunteer opportunities? YES NO

Hobbies & Special Skills

Please list interests, hobbies, and activities that you pursue:

Do you have any special skills or talents you'd be willing to share?

Education

High School: _____ Years Attended: _____ Diploma received: _____

College/University/Technical School: _____

Years Attended: _____ Degree: _____

City of Bluefield Parks & Recreation After-School & Day Camp Program
1780 Stadium Drive Bluefield, WV 24701
Office: 304-327-2448
Fax: 304-324-2995
katana.mullen@cityofbluefield.com

Civil & Criminal History

1. Have you ever been convicted of a crime, felony, OR a misdemeanor? **YES** ____ **NO** ____

If "yes", give details including date, place, nature of conviction, and disposition:

2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor, including deferred adjudication? **YES** ____ **NO** ____

If "yes", give details, including the type of charge:

3. Have you ever been OR are you currently being investigated for allegedly abusing, neglecting, or exploiting children, the elderly, or the disabled? **YES** ____ **NO** ____

If "yes", give details, including the county in which the investigation occurred, your social security number, your date of birth, and any other names you may have used during this time frame:

References

Please give name, address and telephone number of three references who are not related to you that you have known for at least two years or more.

1. _____

2. _____

3. _____

Signature: _____ Date: _____

Please Read Carefully & Sign

I hereby certify that all the information provided in this volunteer application is true and complete. I understand that false information or the omission of information may disqualify my candidacy. I further understand that I am applying to a Drug Free Workplace. I hereby authorize the City of Bluefield to check my educational, personal, and employment references to release all information they have about me to The City of Bluefield. I understand that I will be providing information to undergo a background check in order to be able to work with the children of the After-School Program.

Signature: _____ Date: _____

STAFF USE ONLY

Background Check Conducted: Date ____/____/____ Time: _____ Staff Signature: _____

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