



Cromwell Recreation Department

Volunteer Application

Position Applying for: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Present Grade: \_\_\_\_\_ Email: \_\_\_\_\_

Education:

(High School)	(Address)	(Grade Level)
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(College)	(Address)	(Years Completed/ Degree)
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Certifications:

\_\_\_\_\_

Clubs or Program involvement (in or out of school);

Club Name	Position Held	Grade in Club	Supervisor
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\_\_\_\_\_

Experience; any relevant information applicable for the position you are applying for:

\_\_\_\_\_

\_\_\_\_\_

References:

Name:	Address:	Phone:	Business:
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1) \_\_\_\_\_ 2) \_\_\_\_\_

\_\_\_\_\_ 3) \_\_\_\_\_

\_\_\_\_\_

Return the completed application to the Cromwell Recreation Department, 41 West Street, Cromwell, CT 06416.

**\*Please Return with Authorization for Release of Information and Waiver Agreement Form**



## Volunteer Agreement

Volunteer agreement between the Cromwell Recreation Dept. and \_\_\_\_\_.

Whereas the person named above wishes to do volunteer work with the Cromwell Recreation Dept. as part of the \_\_\_\_\_ Program and the Recreation Dept. does wish to have the person named above as a volunteer, the parties hereby enter into this agreement subject to the conditions set forth below. This is not a contract of employment.

To the extent consistent with state and federal laws, the volunteer acknowledges agrees to the following:

- 1) He/she is not an employee of the town of Cromwell.
- 2) The department has the right to terminate the volunteer with or without notice and for reasons or for no reasons at all.
- 3) The volunteer is not entitled to compensation.
- 4) The volunteer is not covered under the Connecticut Workers Compensation Act.
- 5) The volunteer will abide by the Town of Cromwell's policies on drugs, alcohol and sexual misconduct.
- 6) All volunteers will be clean, neat, and dressed appropriately for the position.
- 7) The volunteer is not entitled to any rights afforded to employees under state or national worker statues.
- 8) The volunteer will follow the set procedures of the Recreation Department when dealing with the children in their care regardless of their individual beliefs.

I am aware of the nature of this activity and I hereby assume responsibility for myself. I will not hold the Town of Cromwell, the Department of Recreation & Youth Services, and /or its employees or agents responsible in case, of any accident or injury as a result of participation. I hereby further agree to identify and save harmless the Town of Cromwell, a municipal corporation of the State of Connecticut, from and against any and all loss, damage, claim, demand, liability or expense by reason of any damage or injury to property or person which may be claimed to have arisen as a result of or in connection with participation in this Recreation & Youth Services activity.

\_\_\_\_\_  
Volunteer Signature

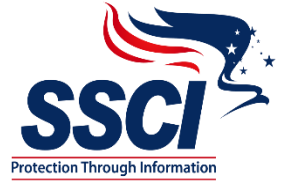
\_\_\_\_\_  
Parent Sig. if Volunteer is Under 18 years old

\_\_\_\_\_  
Printed Name of Volunteer

\_\_\_\_\_  
Printed Name of Volunteer's Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Cromwell Representative



## Cromwell Recreation, CT

### National Background Screening Consent Form

Applicant's **Legal** Name (printed)

\_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary.

Print Name:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature:

\_\_\_\_\_