

Tuscaloosa County Park & Recreation Authority
VOLUNTEER APPLICATION

DATE _____

I. NAME _____
 PHONE # (Home) _____ (Work) _____
 ADDRESS _____ CITY _____ ZIP _____
 Person to Contact In Case Of Emergency _____
 Relationship _____ Phone #(s) _____

II. Previous Work Experience, Hobbies, Awards, Interests, Etc.....

III. VOLUNTEER INTERESTS:

<input type="checkbox"/> Leisure	<input type="checkbox"/> Public Relations/Promotions	<input type="checkbox"/> All Areas
<input type="checkbox"/> Parks	<input type="checkbox"/> Special Events	<input type="checkbox"/> Committee
<input type="checkbox"/> Registration	<input type="checkbox"/> Sports/Athletics	<input type="checkbox"/> Fitness
<input type="checkbox"/> Arts	<input type="checkbox"/> Hosts/Hostesses	<input type="checkbox"/> Driving
<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Other (Specify)

Driver=s License # _____ Expiration date _____

Do you have automobile Insurance? YES NO

Do you have a Commercial Drivers License? YES NO

Age Group Preferred? (Number in order of preference)

<input type="checkbox"/> Preschool	<input type="checkbox"/> Elementary
<input type="checkbox"/> Youth	<input type="checkbox"/> Senior Citizens
<input type="checkbox"/> Adult	<input type="checkbox"/> No Preference

IV. DAYS AVAILABLE: (please circle)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

V. How many hours per week can you Volunteer?

When? Morning Afternoon Evening Weekends Anytime

Do You need to keep up with amount of Volunteer Hours? YES NO

VI. Can PARA feel free to call you at any time? YES NO

VII. Please List 2 Personal References:

NAME	OCCUPATION	ADDRESS	PHONE #
1.			
2.			

Please return completed form to: P.A.R.A.; P.O. Box 2496; TUSCALOOSA, AL 35403.

THANK YOU!!!