

VOLUNTEER APPLICATION AND AGREEMENT

Thank you for your interest in becoming a volunteer for the DeWitt Area Recreation Authority. Please complete the following information regarding the type of volunteer position you are seeking. If the duties you are interested in require supervision of and work with children, DARA will require you to complete the "Background Check Authorization" section below and therefore, agree to a criminal history check. Failure to complete this form will disqualify you as a volunteer for DARA programs.

Name _____ Address _____

City _____ Zip _____ Phone (h) _____ (w) _____

My volunteer work is a requirement for (school, scouts, etc.) _____

Number of hours available _____ days _____ evenings _____ weekends _____

Activity for which you would like to volunteer (check all that apply)

Youth Sports Leagues

Youth Special Events

Adult Sports Leagues

Adult Special Events

Senior Citizen Programs

Kids Drop Off Nights

Holiday-Themed Events

Special Needs Programs

Other _____

Are you a past volunteer? yes no If yes, what program _____

Background Check Authorization

First Name _____ Middle Name _____ Last Name _____

Gender (circle one) Male Female Date of Birth _____

Race _____ Social Security Number _____

I authorize the DeWitt Area Recreation Authority to investigate my background as is determined necessary for the particular activity for which I am applying. If accepted, I agree to abide by all rules and regulations set forth by the DeWitt Area Recreation Authority, DeWitt Charter Township and City of DeWitt as they relate to the position I am volunteering for and agree to return all equipment at the conclusion of the program.

Signature (parent or guardian if under 18)

Date