

**Kensington Recreation Committee  
VOLUNTEER FORM**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_ TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX: MALE / FEMALE (CIRCLE ONE)

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ACTIVITY OR PROGRAM YOU ARE VOLUNTEERING FOR:

\_\_\_\_\_

DO YOU HAVE ANY SPECIFIC REQUESTS?

\_\_\_\_\_

PREVIOUS COACHING EXPERIENCE (List Sport and age group):

\_\_\_\_\_

**HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME THAT WOULD MAKE YOU UNSUITABLE FOR WORKING IN CLOSE PROXIMITY TO CHILDREN? \_\_\_\_\_**  
**IF YES, PLEASE EXPLAIN:**

\_\_\_\_\_

\_\_\_\_\_

**TO INSURE THE SAFETY OF OUR CHILDREN ALL VOLUNTEERS WILL BE SUBJECT TO A CRIMINAL BACKGROUND CHECK. YOUR SIGNATURE ON THIS FORM INDICATES YOUR ACCEPTANCE OF THIS REQUIREMENT. BACKGROUND CHECKS WILL BE CONDUCTED CONFIDENTIALLY AND AT NO COST TO YOU. YOU WILL ONLY BE CONTACTED AS A RESULT OF THIS CHECK IF THERE IS A PROBLEM.**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ DATE OF RECEIPT: \_\_\_\_\_

Thank you, without you these programs would not happen!

Kensington Recreation Committee