

Farmville Parks and Recreation Volunteer Application



Thank you for your interest in volunteering with the Farmville Parks and Recreation Department!
Please fill out this form and email it to: twoodson@farmvilleva.com OR mail it to:
Town of Farmville, Attn: Recreation Department, P.O. Drawer 368, Farmville, VA 23901.

The Town will not discriminate based on race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability unrelated to the ability to perform the essential functions of the position. The Town intends to comply with the Americans with Disabilities Act, should you need special accommodations, please contact the Farmville Recreation Department at 434-391-1125 or email: twoodson@farmvilleva.com.

Personal Information:

First and Last Name _____ Date: _____

Street Address _____

City/State/Zip _____

Phone _____ Email Address _____

Are you 18 years old or older? ☐ Yes ☐ No

Emergency Contact:

First and Last Name _____ Relationship _____

Main/Home Phone _____ Alternate Phone _____

Volunteer Information:

Areas of interest: (Check all that apply) ☐ Arts and Crafts ☐ Teaching/Mentoring/Education

☐ Outdoor Activities ☐ Therapeutic Recreation ☐ Sports Recreation ☐ Event planning/work

☐ Conservation/Preservation ☐ Working with People (☐ Youth ☐ Adults)

☐ Other, please list _____

When are you able to start volunteering? _____

How often are you interested in volunteering? ☐ Daily ☐ Weekly ☐ Monthly ☐ As Needed

Which would you prefer? ☐ A short-term project or event ☐ An ongoing position

Please indicate the hours you are available below:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (8-12pm)							
Afternoon (12-5pm)							
Evening (after 5pm)							

Availability Notes: _____

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Let us know why you are interested in volunteering with the Farmville Parks and Recreation Department:

Please describe any related volunteer or work experience:

Please list two professional or personal references, along with contact information.

1. Name _____ Email _____ Phone _____

2. Name _____ Email _____ Phone _____

I agree to allow the Farmville Recreation Department full use of images and other promotional materials (photographs, video tape, audio tape) taken for purposes of promoting the Farmville Recreation Department this year and in future years.

Signature _____ Date _____

Background Verification:

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please explain.

Have you ever been convicted of a misdemeanor (does not include traffic violations)? ☐ Yes ☐ No
If yes, please explain.

Verification of Information Statement

I agree that the statements and information provided in this document are true and correct. I will notify the Farmville Recreation Department in writing of any changes to the information in this document. I understand that I may need to verify the information/certifications mentioned in this document. I also understand that in certain situations, volunteers may be subject to one or more of the following background checks:

Criminal background checks • Reference checks • Child Abuse/Neglect Registries • Drug/Alcohol Testing

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if applicant is under 18)