

Volunteer Application Form

Adventure Commons

	Administration/Clerical		Greeter		Concessions
	Special Events		Maintenance		Youth Sports
٥	Adult Sports		Janitorial		Campaigning/ Marketing
	Security		Other:		
Name:_			Date of Birth	•	
Addres	s:		City, Sta	te, Zip	0:
Email:_			Phone Nu	mber	:
	ou ever volunteered at a Spo Yes 📮 No	orts	Facility before?		
Have yo	ou ever been convicted of a	felo	ony?		
	Yes □ No				
Have yo	ou ever had any criminal cor	nvic	tions for child abuse o	r sex-	related crimes?
	Yes • No				
Briefly	explain your interest in volur	ntee	ering at Adventure Com	nmon	s:
Is this \	olunteering a requirement?				
	Yes • No				
If yes, h	now many hours are required	d:	Deadline:		
-	-				ervice:
					service (A degree, experience

Please indicate the days and times you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please list 3 references who have known you at least 1 year whom we can contact. References may include supervisors, co workers, faith leaders, teachers, or school counselors, etc. If you are a minor, one reference must be a parent/guardian.

Type of Reference	Name	Contact Info	Years known
		Email:	
		Phone:	
		Email:	
		Phone:	
		Email:	
		Phone:	

By signing below, you are stating that all the information above is the most up-to-date a accurate information for you.	nd
Signature of Applicant: Date:	
Parent/Guardian Signature (If applicant is under 18):	