

Spearfish Recreation Center

2125 Main Street
Spearfish, SD 57783
605-722-1400

www.spearfishparksandrec.com

Volunteer Information Form

Name: _____
last first mi

Spouse's Name: _____
last first mi

Address: _____
Street City State Zip

Telephone Number: _____
(area code)

Email Address: _____

Are you over the age of 16? _____

List of States you've lived or volunteered in: _____

When would you be available for volunteer work?

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

_____ Friday _____ Saturday _____ Sunday

_____ Mornings _____ Afternoons _____ Evenings

Specific hours: _____

What would you like to volunteer to do?

_____ Registration _____ Youth Events _____ Special Events _____ Food Service
_____ Coach _____ Referee _____ Hourly Care _____ Office

Can you volunteer on holidays? _____ yes _____ no

How many hours per week would you be able to volunteer? _____

Do you have a driver's license? __yes __no

Driver's license number: _____
(16 and up must provide copy of Driver's License)

Work history – Please list last three employers starting with most recent

Employer Supervisor's Name Phone # Dates Employed
1. _____

2. _____

3. _____

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List any professional or civic activities that you have been involved in:

List any previous volunteer experiences and/or duties:

List any interests/hobbies:

Please list the name and telephone number of 3 personal references who are not related to you.

	Name	Telephone	# Years known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Do you have any disabilities or health problems that you feel we should be aware of as a volunteer? yes no

If you replied yes, then please explain: _____

In Case of Emergency:

State person to contact in case of an emergency:

Relationship	Name	Phone Numbers
_____	_____	_____

Background Checks:

Have you had any felony convictions or been arrested? No Yes

As part of the City of Spearfish volunteer process, we may be checking your background relative to job, volunteering and personal references, criminal record, and social service record. In order to do that we must have your authorization.

The undersigned hereby authorizes any listed reference, present or past employer, local, state or federal administrative agency, any law enforcement office, recreation and/or human resource department to obtain and/or release any and all information regarding the social services, volunteer/work if applicable, personal reference or criminal history of the undersigned to the City of Spearfish.

Signature of Applicant

Date