

2024 Teen Volunteer Application

Marysville Recreation Department

Application must be returned to the Marysville Recreation Department by June 1.

PERSONAL INFORMATION

Name _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. () _____ CELL PHONE NO. () _____

Hobbies and Interests

(Please List Hobbies and Interests, if something is not listed, please list it):

Basketball, Sporties for Shorties, Dance, Football
 Soccer , T-Ball/Baseball , Volleyball , Swim Lessons, Special Events

POSITION(S) DESIRED: _____

DATE YOU CAN START _____

HOURS AVAILABLE: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

EDUCATION

Check next to highest level completed.

MIDDLE SCHOOL

HIGH SCHOOL

List Any Experience in working with kids or in Activities related to the positions you are volunteering for
 (I.E Sports Activities, Coaching/Instructor Experience, Sports Camps, Etc):

| RELATED EXPERIENCE | NAME AND LOCATION OF EXPERIENCE | NO. OF YEARS | DESCRIPTION of EXPERIENCE |
|--------------------|---------------------------------|--------------|---------------------------|
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REFERENCES:

(GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU OVER THE AGE OF 18)

| NAME | ADDRESS | BUSINESS | YEARS ACQUAINTED |
|------|---------|----------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

CERTIFICATION: By submitting this application and any attachments, the applicant named above certifies that all information provided is true and accurate and contains no willful falsifications or misrepresentations. Please read and sign the second page of this application. By submission of this application, I am authorizing the City of Marysville to conduct a criminal history check as part of the pre-volunteer screening process.

DATE

SIGNATURE