Volunteer Application & Agreement



3179 Livernois Rd, Troy, MI 48083

3248.524.3484 **2**48.689.6497 **3** *rec.troymi.gov*

Last Name:		_ First Name:	Mi	ddle Initial
Street Address:		Ci	ity:	Zip:
Primary Phone:	Emergency Contact		Phone:	
Driver's License #:	Email	Address:		
Are you under 18 years of age?	No Yes			
My volunteer work is a requiremen	t for (school, scouts, etc	2.)		
Number of hours I need to voluntee	er I am availabl	e: Days 🗌 Ever	ings 🗌 Week	ends \square
Minimum age for volur	nteers is 14 years. Volur	nteers 14–17 must p	rovide working	papers.
Activity for which you are volunte	ering (check all that ap	oply):		
\square Adaptive Recreation \square S	Safety Town			
☐ Youth Baseball Coach ☐ `	Youth Softball Coach			
🗌 Downhill Ski Program 🔲 F	Robotics/Science Camp)		
Other		_		
SENIOR PROGRAM- see Senior V	• • •			
Have you ever been convicted of a cri				
If yes, explain the nature of the offense	9			
What personal experience qualifies yo	u for the position for which	h you are volunteerin		
what personal expendence qualities yo	u for the position for whic	ir you are volunteerii	ıg:	
Do family members participate in the p	program for which you are	volunteering? No	→ Yes □	
If yes, what is the relationship		_		
Are you a past volunteer? No				
I agree to abide by all the rules and reg	gulations set forth by the	Recreation Departme	ent as thev relate	to the position I am
volunteering for and agree to return all	-	•	-	•
less the City of Troy form any and all cl	• •			
duties for which I am volunteering and			•	
from any and all claims arising from the	_			
rules, regulations and policies of the de	•		9	•
determined necessary for the particula	r activity for which I am vo	olunteering. I declare	that the informat	ion provided on this
application is true.	-	J		•
Signature		_ Date		

Please return to: Troy Recreation Department, 3179 Livernois Rd, Troy, MI 48083