

Tiny Tots / Kids Club Program

Volunteer Application 2016

(Volunteers entering grade 9 or above)

Thank you for your interest in volunteering for the Tiny Tots / Kids Club Program!

In order to get to know you better, please fill out the following questionnaire.

Name: _____ Date: ____/____/____

Address: _____ Cell Phone: (____) _____

Gender: M F Age: ____ Entering grade: ____ School: _____

Email Address: _____@_____

1. Why do you wish to volunteer? _____

2. Have you volunteered for this program before? Yes (when) _____ No

3. What volunteer or work experience do you have? _____

4. Do you have any special skills? (athletic, musical, artistic, etc.) _____

5. What kind of activities are you interested in helping with? _____

6. What clubs or organizations do you belong to? _____

7. What session are you interested in? Sess. 1 (6/27 – 7/15; no 7/4) Sess. 2 (7/18 – 8/4) Both

8. Are there any times that you know you won't be available: (vacation, camp, etc.) _____

9. Approximately how many hours do you think you can volunteer?

- 1 – 5 hours a week
- 5 – 10 hours a week
- 10 – 15 hours a week

10. What age group do you prefer working with?

- 4-yr-olds
- 5-yr-olds
- 6-yr-olds
- 7-8-yr-olds
- No preference

11. Comments: _____

All volunteers **must** wear a Tiny Tots/Kids Club volunteer shirt each day.

All volunteer applicants must purchase one Volunteer T-shirt (fee will be returned if not selected to volunteer) \$ 5.00

Additional shirts (optional) _____ x \$5.00 each \$ _____

TOTAL \$ _____

- Youth X Large
- Adult Small
- Adult Medium
- Adult Large
- Adult X Large

Application Deadline: Tuesday, May 31, 2016

Please return to: Recreation Department, Town Hall, 121 Glen Road, Wilmington, MA 01887

For further information, call the Recreation Department at 978-658-4270.
Wilmington Recreation Department

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Volunteer Emergency Contact Form 2016

Thank you for volunteering at the Recreation Department's Tiny Tots/ Kids Club Program.
Please have your parents/guardians complete this form and return it to us.
We need this information on file before you can start volunteering.
Thank you for your help this summer!

Volunteer's Name: _____

Parent/Guardian: _____
Name Relationship

Home/Work Phone: _____ Cell Phone: _____

Parent/Guardian: _____
Name Relationship

Home/Work Phone: _____ Cell Phone: _____

Emergency Contact (if parent/guardian is unavailable):

Name Relationship Cell Phone

Insurance Provider: _____ Insurance ID #: _____

Any medical issues we should be aware of: _____

Parent/Guardian Signature

Date