TOWN OF MONROE

PARKS & RECREATION DEPARTMENT

7 Fan Hill Road
Monroe, CT 06468
Phone: 203-452-2806
www.monroerec.org

Monroe Parks and Recreation
Wolfe Park * Masuk Pool
Lake Zoar * Webb Mountain Camping

Volunteer Chaperone Application

Name _____
Last First M.I. Maiden

Home Address _____ Date of Birth ____/____/____

Phone #'s home _____ work _____ cell _____

Email address _____

Emergency Contact _____

Children currently participating in our Friday Night Ski/Snowboard Program –

Name of Child(ren)

_____

_____

By my signature I acknowledge I am volunteering under the leadership of the Parks and Recreation Department and will cooperate with all their instructions and rules. If selected as a volunteer chaperone, I understand I can be replaced at any time if deemed by the Parks and Recreation Department to be in the best interest of the overall program and participants. **IN EXCHANGE FOR THE PRIVILEGE OF CHAPERONING AND WORKING CLOSE WITH THE YOUTH IN OUR COMMUNITY THE TOWN OF MONROE RESERVES THE RIGHT TO CHECK THE BACKGROUND OF ANY AND ALL APPLICANTS FOR THE PROTECTION OF THE YOUNGSTERS INVOLVED**.

Signature _____ Date _____

TOWN OF MONROE

CRIMINAL BACKGROUND CHECK REQUEST
& RELEASE FROM LIABILITY

The position for which I am applying is a _____position.
(To be completed by Human Resources Dept.)

I understand that the position for which I am being considered requires having and maintaining a satisfactory criminal background check as a condition of my volunteer service. I agree to allow the Town of Monroe to check my record prior to be chosen and to check it periodically thereafter. I further agree to report immediately to my supervisor any offenses after I am selected that may affect my ability to volunteer.

I understand that the Town of Monroe will use this information for volunteer purposes only and not furnish this information to a third party without my written consent.

I agree to release the Town of Monroe, its employees, and those who supplied you with the information from any liability for any damage which may result from furnishing the requested information or my failure to be selected for the position for which I am applying to volunteer for.

Please print legibly

_____
Print Name

_____
Social Security Number

_____
Date of Birth

_____
Signature

_____
Date