

TOWN OF MONROE

PARKS & RECREATION DEPARTMENT

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



Volunteer Chaperone Application

| Last | First | M.I. | Mai | iden |
|--|---|---|--|---|
| Home Address | | Date of Birth | / | / |
| Phone #'s home | work | cel | 1 | |
| Email address | | | | |
| Spouses Name | | | | |
| Children currently particip | ating in our Friday Night Ski/Sn | owboard Program – | | |
| Name of C | :hild(ren) | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| will cooperate with all thei at any time if deemed by t participants. IN EXCHANG COMMUNITY THE TOWN | edge I am volunteering under ir instructions and rules. If sele the Parks and Recreation Depa is FOR THE PRIVILEGE OF CHAIR OF MONROE RESERVES THE OTECTION OF THE YOUNGSTER: | ected as a volunteer chaper ortment to be in the best in PERONING AND WORKING E RIGHT TO CHECK THE I | on, I understan Iterest of the ov CLOSE WITH T | d I can be replaced verall program and HE YOUTH IN OU |
| Signature | | Date | | |

TOWN OF MONROE

CRIMINAL BACKGROUND CHECK REQUEST & RELEASE FROM LIABILITY

| The position for which I am applying is a(To be completed b | position. y Human Resources Dept.) | | | | |
|---|--|--|--|--|--|
| I understand that the position for which I am being a satisfactory criminal background check as a condition. Town of Monroe to check my record prior to be chost further agree to report immediately to my supervisor affect my ability to volunteer. | of my volunteer service. I agree to allow the sen and to check it periodically thereafter. I | | | | |
| I understand that the Town of Monroe will use this information for volunteer purposes only and no furnish this information to a third party without my written consent. | | | | | |
| I agree to release the Town of Monroe, its employ information from any liability for any damage whic information or my failure to be selected for the position | h may result from furnishing the requested | | | | |
| Please print I | egibly | | | | |
| Print Name | _ | | | | |
| Social Security Number | _ | | | | |
| Date of Birth | | | | | |
| Signature | _ | | | | |

Date