



CITY OF WARSAW PARKS AND RECREATION DEPARTMENT

123 E. Fort Wayne Street
Warsaw, Indiana 46580

Phone (574) 372-9554 | Fax (574) 372-9555 | www.warsaw.in.gov

VOLUNTEER INTEREST FORM

Full Name: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____

Age (if under 18 years): _____ Company/School & Grade Level: _____

Emergency Contact Person & Phone: _____

Is this to fulfill service requirements for an organization? Yes No Required # Hours: _____

Is your company/group seeking group opportunities? Yes No Size of group: _____

Areas of Interest (check all that apply):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Youth Programs | <input type="checkbox"/> Adult Programs | <input type="checkbox"/> Family Programs |
| <input type="checkbox"/> Skate Park | <input type="checkbox"/> Concerts | <input type="checkbox"/> Park Maintenance | <input type="checkbox"/> Gardening |

Availability (check all that apply and indicate best time of day):

- | | |
|---|--|
| <input type="checkbox"/> Monday (times: _____) | <input type="checkbox"/> Friday (times: _____) |
| <input type="checkbox"/> Tuesday (times: _____) | <input type="checkbox"/> Saturday (times: _____) |
| <input type="checkbox"/> Wednesday (times: _____) | <input type="checkbox"/> Sunday (times: _____) |
| <input type="checkbox"/> Thursday (times: _____) | <input type="checkbox"/> Other: _____ |

Special skills, certifications, or previous volunteer experience we should know about: _____

Do you have any special needs or considerations? Yes _____ No

Personal Reference & Phone: _____

Drivers License # (Req.): _____ Date of Birth (Req.): _____

I verify that the above information is true, to the best of my knowledge. I understand that by submitting this form, I will be subject to a background check, and I authorize the City of Warsaw to complete a background check. I understand Warsaw Parks & Recreation Department (WPRD) reserves the right to deny a volunteer candidate for any reason and to withhold the reason(s) for such decisions. I understand that any volunteer service will be provided without compensation and that WPRD cannot guarantee volunteer placement.

Volunteer Signature

Date

Thank you for your interest in volunteering and serving your community!