LITTLE ROCK
Parks & Recreation

Little Rock Parks & Recreation
Volunteer Application

Date: _____

Please Print or Type

Name:_____ Date of Birth _____

Address: _____City: _____ Zip:_____

E-mail address:_____ Home Phone: _____

Work Phone: _____ Emergency Contact: _____ Phone: _____

Where did you learn about our volunteer opportunities? _____

Are you seeking to volunteer in order to satisfy court-ordered community service? _____

Are you volunteering for high school or higher learning credit? Yes _____ No _____
If yes, please list what school and the name and phone number of your instructor. _____

_____

Skills and Experiences

What sort of hobbies, interests and activities do you enjoy? _____

Do you have any past or present volunteer experience? _____

_____

Interest Inventory

This section will help you determine what volunteer activities you might like to participate in. Please check the area(s) that interests you. Check as many or as few as you like.

_____ Assisting with Special Events
_____ Historical Tour Guide
_____ Environmental Clean Up
_____ Sports Coach/Assistant – Which sport? _____
_____ Senior Programs – Which type? _____
_____ Assisting with office and clerical work?
_____ Arts and crafts Activity Assistant/Instructor List Activity _____
_____Environmental Area – Please list specific activity. _____
_____ Planning Area – Please list specific activity. _____
_____ Administration Division – Please list specific activity. _____
_____ Park Ranger _____
_____ Activity not listed above that I am interested in. _____

Are there any access concerns or limitations that might limit your ability to perform certain types of work? _____

Geographic Location

	North	Central	East	South	West
Specific Location					
Other					

Time Commitment

____ 1 – 3 Months
____ 4 – 6 Months
____ 7 – 9 Months
____10 – 12 Months
____ Year or longer

Tim Available

Weekdays _____Mornings
_____ Afternoons
_____ Evenings
Weekends _____ Mornings
_____ Afternoons
_____ Evenings

Starting Date: _____ Ending Date (if known)
_____

Reference

Current Employer (optional)

_____

Address:_____

Please list the names and phone numbers of two people who know you well and can attest to your character, skill, and dependability. (Please do not list relatives.)

Name _____ Phone _____

Name _____ Phone _____

Understanding and Authorization

I certify that all the answers on the application and any attachment are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information. I agree that in the course of considering my application, you may inquire to verify information concerning my background. I specifically authorize you to investigate all statements on this application or any attachment. I authorized educational institutions, employers, and references listed above to give you any and all information concerning my education, employment, and fitness to work within the community. I further agree to release and hold harmless the City of Little Rock, Little Rock Parks and Recreation, institutions, and references listed above and any law enforcement agency, from all liability and any damage that may result from furnishing this information to you.

Signature: _____ Date: _____

Please send original form to: Gayle Owens, 500 West Markham, Room 108, Little Rock, AR 72201