

Volunteer Application Coaching / Events / Activities Please fill out all information clearly in black or blue ink.

Applicant Name:			Mailing Address:	
Street Address:		City, State, ZIP:		
Phone:	Cell:		Email:	
PLEASE CHOOSE ALL THAT APPLY	Y:			
Coaching: Head Coach or Asst. Coach S		Sport:		Grade(s):
Event:		Date(s):		
Activity:		Date(s):		
Previous Wolfeboro Parks and Recreation Positions:				
References: Please list 2 references not related to you who you have known for at least 1 year. (OR submit resume				
Reference 1 Name:		Phone:		Email
Reference 2 Name:		Phone:		Email
I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.				
Signature of Applicant:	Date:			
	Pleas	se send app	lication to:	
		Christine C	ollins feboronh.us	

or

Wolfeboro Parks and Recreation PO Box 629 Wolfeboro, NH 03894 603-569-5639