

Education

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE (INCLUDE JUNIOR AND COMMUNITY)		MAJOR DEGREE	
TECHNICAL			
OTHER			

References

Please list three responsible people who have a knowledge of your character, experiences, and abilities. Do not include relatives.

NAME	ADDRESS	TELEPHONE	OCCUPATION

Answers to application questions will be utilized for applicable, job related information only and will not be released to any other organization or volunteers without your consent.

I certify that the statements contained herein are true to the best of my knowledge. I understand that falsification of any answers or any failure to answer any question contained herein is cause for dismissal from volunteering with the Centerville -Washington Park District.

I understand and agree that the Park District may make a thorough investigation of my past and current employment and activities (including but not limited to motor vehicle operator and police record investigation) and I release from liability or responsibility all persons or organizations supplying such information. All information is subject to verification.

I agree to abide by the rules and regulations of the Centerville-Washington Park District where I do volunteer service. I will be dependable and perform my service unselfishly and to the best of my ability.

In consideration of your accepting my entry, I hereby, release, indemnify, and hold harmless the Centerville-Washington Park District, its Commissioners, Agents, Employees and Assignees from any and all liability claims, actions, demands and judgments arising out of injury or loss sustained by me while participating in activities or using facilities of the Centerville-Washington Park District.

Name _____ Signature _____ Date _____

In Case of Emergency Notify:

Name _____

Relationship _____

Address _____

Telephone (____) _____
