

Shakopee Parks & Recreation Volunteer Application

PERSONAL INFORM	TATION				
Name	Date of Birth				
Address		(City	State	Zip
Phone	Alt. Phone		E-mail		
EMERGENCY CONT	ГАСТ				
Name			R	elationship	
Address			City	State	Zip
Phone					
OCCUPATION INFO	RMATION				
Employer			Phone		
Job Title					
Name Relationship				Phone	
Name				Phone	
Relationship					
SKILLS & INTERES	TS				
Please check all that a	apply.				
☐ Preschool Progra	ams		Egg Hunt		
☐ Youth Programs			Bark in the l	Park	
☐ Guest Services			Birthday Par	rties	
Huber Concert	Series		Big Taste of	Fun	
☐ Summer Carniv	al		Spooky Fam	nily Fun	



ADDITIONAL LANGUAGES

Whic	h langu	ages, in ad	ldition to En	iglish, do you	speak/wri	te?		
	Spanish				American Sign Language			
	Somali	i			☐ I	Imong		
	Thai					Other:		-
AVAI	LABIL	ITY						
Please	e indica	ate the days	s and times	you are usuall	ly available	e to volunteer.		
		Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morr	ning							
After	noon							
Even	ing							
				on. It is used	d only to help us	get a better i	dea of the	
demog Geno	graphic :		our volunteer		Male		her:	
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DISCLAIMER & SIGNATURE

The City of Shakopee's policy is to provide equal opportunities to all. The City of Shakopee does not discriminate against volunteers on the basis of race, color, creed, religion, national origin, gender, marital status, status with regard to public assistance, or disability in the admission or access to, or treatment of volunteering in its programs or activities.

The facts set forth in my application are true and complete. I understand that if I volunteer, false statements on this application shall be considered cause for dismissal. I authorize investigation of all my statements and matters contained in this application which the City of Shakopee may deem relevant to my volunteer services and I authorize persons having information concerning my record or me to report such information to the City of Shakopee. I release each person from all claims or liabilities whatsoever on account of making such inquiry or making such disclosures.

Signature of Applicant	Date
Signature of Parent/Guardian (if under 18 years)	Date