



TOWNSHIP OF WEST ORANGE
66 MAIN STREET, WEST ORANGE, N.J. 07052

ADULT VOLUNTEER APPLICATION
RECREATION DEPARTMENT COOPERATIVE PROGRAMS

A COPY OF VALID GOVERNMENT ISSUE PHOTO IDENTIFICATION MUST BE ATTACHED TO THIS APPLICATION.

I am applying to (check all that apply):

- Recreation Department, Police Athletic League, Mountaintop League, Basketball Club, Other

Program: Position: Date:

Name:

Street Address:

City: State: Zip:

Home Telephone: Cell/Work Telephone:

Email Address: Date of Birth:

Occupation: Employer:

Employer's Address:

Special training, skills, or hobbies:

Previous volunteer experience (include year(s) & agency/agencies)

Do you have children participating in the program for which you are currently applying?

- Yes No

If yes, list full name(s)

Are you a certified coach through the Rutgers Youth Sports Research Council? (REQUIRED FOR COACHES IN WEST ORANGE RECREATION DEPARTMENT PROGRAMS)

Certifications? (CPR, EMT, First Aid, etc)

Do you have a valid driver's license? Yes No

Driver's License # State

Have you ever been convicted of or plead guilty to any crime(s)?  Yes  No  
 If yes, describe in full (including jurisdiction/court)

Have you ever been refused participation in any youth program(s)?  Yes  No  
 If yes, describe in full (including agency/agencies)

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name	Address	Telephone

*As a condition of volunteering, I give permission for the West Orange Recreation Department and/or one of their cooperative programs to conduct a background check on me, which may include a review of sex offender registries, child abuse records, criminal history records as well as prior involvement with youth or related programs. I understand that, regardless of previous appointments, the West Orange Recreation Department and/or one of its cooperative programs is not obligated to appoint me to a volunteer position. I understand that, if appointed, my position is conditional upon the Recreation Department receiving no disqualifying information on my background check. I hereby release and agree to hold harmless from liability the West Orange Recreation Department and its cooperative programs, the West Orange Board of Education, the Township of West Orange, their organizers, servants, officers, volunteers, affiliates and employees thereof, or any person or organization that may provide such information. If appointed, I understand that prior to the expiration of my term, I am subject to suspension or removal by the West Orange Recreation Department or its cooperative programs for violation of the agencies' policies or principles. I understand that I have a right to appeal to the Recreation Department Appeals Board my warning, ejection or suspension. It is further understood that any and all disciplinary actions taken by the Recreation Department and/or its cooperative programs shall remain in effect until such time it is modified by the Appeals Board.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**NAME: (Please Print):** \_\_\_\_\_

*NOTE: The West Orange Recreation Department and their Co-Operative Programs will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.*

**DEPARTMENT USE ONLY**

Background Check Completed By \_\_\_\_\_ on \_\_\_\_\_

Application: \_\_\_Approved \_\_\_Denied If Denied Please Explain: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Official Position: \_\_\_\_\_