



City of Lemoore Parks and Recreation

721 W. Cinnamon Dr.

Lemoore, CA 92345

parksandrecreation@lemoore.com

559-924-6744 Option 2

Lemoore Park and Recreation Volunteers Application

A copy of valid government issued phot ID must be attached and used to verify information below.

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Alt Number:** _____

Email Address: _____ **DOB:** _____

Social Security # _____ - _____ - _____

Employer: _____ **Address:** _____

Special Professional Training, Skills, or Hobbies: _____

Community Affiliation (Clubs, service Organization): _____

Do you have children in the program? Yes: _____ No: _____

If yes, what level or division? _____

Division applying for (Flag football only): _____

Child's Name: _____

Do you have a valid driver's license: Yes _____ No _____

DL#: _____ State: _____

Have you ever been convicted of or pled guilty to any crime(s): Yes ____ No ____

If yes, describe each in full: _____

Have you ever been refused participation in any other youth program? Yes ____ No ____

Explain: _____

In which of the following would you like to participate? (check one or more)

Special Events _____ Coach _____ Umpire _____ Volunteer _____

Scorekeeper _____ Rec Leader _____ Timekeeper _____

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

Name:

Phone:

As a condition of volunteering, I give permission for the Lemoore Recreation Department to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the department receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the City of Lemoore and all of its departments, the directors, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand, that regardless of previous appointments, the Lemoore Recreation Department is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension or removal by the Lemoore Parks and Recreation Director for violation of policies and or principles.

Applicant Name (Print) _____

Applicant Signature _____

Date _____

Office Use Only:

Background check completed by office: _____

Pass _____

No Pass _____