



**City of Lakewood**  
**Youth Recreation**  
**303-987-5400**  
**VOLUNTEER APPLICATION**



**PLEASE PRINT . COMPLETE FORM IN DETAIL, BE SPECIFIC AND FILL IN ALL  
 BLANKS.**

POSITION APPLYING FOR:

FULL NAME:	EMAIL:
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ADDRESS :	YEARS AT ADDRESS:
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CITY:	STATE:	ZIP:
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HOME PHONE:	WORK PHONE:	CELL PHONE:
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**RESIDENCES FOR LAST TEN YEARS**

ADDRESS	CITY	STATE	ZIP	HOW LONG

**EMPLOYMENT HISTORY FOR PAST 5 YEARS**

COMPANY NAME:	ADDRESS:	PHONE #:
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DATES EMPLOYED:	YOUR TITLE:	SUPERVISOR:
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COMPANY NAME:	ADDRESS:	PHONE #:
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DATES EMPLOYED:	YOUR TITLE:	SUPERVISOR:
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COMPANY NAME:	ADDRESS:	PHONE #:
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DATES EMPLOYED:	YOUR TITLE:	SUPERVISOR:
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## EXPERIENCE

COACHING AND/OR OFFICIATING:

SPORTS:

YOUTH:

WRITE A BRIEF STATEMENT EXPLAINING YOUR PHILOSOPHY OF RECREATION AND SPORTS AS IT RELATES TO COACHING:

## PREFERENCE

COACHING: (Circle all that apply)

HEAD COACH

ASSISTANT COACH

CIT

OFFICIAL

SPORTS: (Circle all that apply)

SOCCER

BASKETBALL

T-BALL

TRACK & FIELD

FLAG FOOTBALL

VOLLEYBALL

HOCKEY

GYMNASTICS

OTHER: \_\_\_\_\_

AGE GROUP: (Circle all that apply)

3-4

5-6

7-8

9-10

11-12

13-14

## REFERENCES

**NAME**

**OCCUPATION**

**ADDRESS**

**PHONE**

NAME	OCCUPATION	ADDRESS	PHONE

## EDUCATION

HIGHEST GRADE COMPLETED:

HIGH SCHOOL COLLEGE GRADUATE

9 10 11 12 GED 1 2 3 4 1 2 3 4

NAME AND LOCATION OF HIGH SCHOOL:

COLLEGE/UNIVERSITY

MAJOR

DEGREE

COLLEGE/UNIVERSITY

MAJOR

DEGREE

CERTIFICATES WHICH WOULD BE RELATED TO

First Aid

CPR

ACEP

Positive Coaching

Other

COACHING: (Please circle and list expiration dates)

## REFERRAL

How did you hear about the Youth Recreation Programs and volunteer opportunities? Please circle

Community Connection

Channel 8

Youth Program Brochure

Recreation Center

Web Site

Friend

Flyer

Other, please list: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteers under 18 years of age must also have this application signed by a parent/guardian below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Have you ever been arrested or convicted of any criminal action? If yes, please give details (when, type of arrest and/or conviction, court location and jurisdiction. Please explain circumstances. Use an additional sheet, if needed.) *Arrests and/or convictions will not necessarily preclude you from volunteering. However, the City of Lakewood may contact the jurisdiction regarding the criminal action noted.*

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**\*\*\*THIS FORM WILL NOT BE ACCEPTED UNLESS NOTARIZED\*\*\***

I authorize you to release any and all information to the City of Lakewood including, but not limited to, employment histories, work evaluations, and criminal arrests and/or convictions (including felonies, misdemeanors, and traffic offenses), and where applicable, credit checks and civil case information. In this regard, please consider this letter as my waiver of any rights I may have enjoyed to privileged communications with you. **I understand my future and/or continued volunteering with the City of Lakewood is contingent upon the results of this background check. The results of this background check must: a) be consistent with application information given; and b) not be in conflict with City standards for this volunteer position.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This document has been subscribed and affirmed, or sworn to, before me in the County of Jefferson, State of Colorado, this \_\_\_\_\_ day of \_\_\_\_\_ (month), 200\_\_\_\_\_(year).

\_\_\_\_\_  
Notary Signature and Seal

Commission Expiration Date \_\_\_\_\_

Alternate formats of this document available upon request