

Christiansburg Aquatic Center Volunteer Application

All fields are required to be filled out accurately prior to becoming a volunteer. Any incomplete applications will not be processed.

Please Print Name, Address and Telephone Numbers:

Last Name: _____ First _____ M.I. _____

Mailing Address: _____

Apt or Suite Number: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Cell Telephone: _____

Business Telephone: _____

E-mail Address: _____

Name of person to contact in case of an emergency:

Last Name: _____ First Name: _____

Relationship: _____

Telephone Numbers to call: Day: _____ Evening: _____

Information about your employment:

Employer: _____

Position: _____

Please circle the most appropriate day and shift that you would be available to volunteer:

Mornings:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Afternoons:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Evenings:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are you available/interested in supporting the Christiansburg Aquatic Center at Special Events?

No Yes Morning Afternoon Evening Weekend

Are you available/interested in assisting with special projects such as mailings or office work?

No Yes Morning Afternoon Evening Weekend

References: Please print the COMPLETE mailing addresses of two people we may contact (excluding relatives and roommates) who have known you for more than two years. Local references preferred.

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____

Application Information: I certify that all the information in this application is true and complete.

I understand that any false information or omission may disqualify me from any further and may result in my dismissal, if discovered, at a later date. I authorize photos and other materials which may bear likeness to be used for promotions and marketing.

References: I understand that the Christiansburg Aquatic Center requires information from me to evaluate my qualifications for volunteer services.

I authorize and release references, employers (past and present), and any other applicable entities to answer questions in regards to volunteer work, employment, ability, character, medical/ emotional background, and driving history.

Background Investigation: I understand, in consideration of my application, that a background investigation will be conducted.

I understand that this investigation may include, but is not limited to, a background check in the files of any Federal, state or local justice agency, driving history, performance of medical examinations, drug screening or reference verification.

I authorize the Christiansburg Aquatic Center in accordance with the Town of Christiansburg to conduct the background investigation and release the C.A.C. from responsibility of this investigation.

I understand that the requested information is for the sole purpose of the Christiansburg Aquatic Center to gather accurate information for volunteer services.

I have read and understand the above and by my signature consent to these statements.

Applicants signature

Date