



**Recreation Department
TOWN OF PLAISTOW**

145 Main Street
Plaistow, NH 03865
603 382-5200X18 FAX 603 382-7183
Carli Sarty, Recreation Director

VOLUNTEER FORM

NAME: _____

STREET: _____ TOWN: _____ STATE: _____

MAILING ADDRESS (IF DIFFERENT) _____

DATE OF BIRTH _____ SEX: MALE / FEMALE (CIRCLE ONE)

DAYTIME PHONE: _____ EVENING PHONE: _____

CELL PHONE: _____ EMAIL: _____

ACTIVITY OR PROGRAM YOU ARE VOLUNTEERING FOR:

DO YOU HAVE ANY SPECIFIC REQUESTS?

PREVIOUS COACHING EXPERIENCE (List Sport and age group):

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME THAT WOULD MAKE YOU UNSUITABLE FOR WORKING IN CLOSE PROXIMITY TO CHILDREN? _____
IF YES, PLEASE EXPLAIN:

TO INSURE THE SAFETY OF OUR CHILDREN ALL VOLUNTEERS WILL BE SUBJECT TO A CRIMINAL BACKGROUND CHECK. YOUR SIGNATURE ON THIS FORM INDICATES YOUR ACCEPTANCE OF THIS REQUIREMENT. BACKGROUND CHECKS WILL BE CONDUCTED CONFIDENTIALLY AND AT NO COST TO YOU. YOU WILL ONLY BE CONTACTED AS A RESULT OF THIS CHECK IF THERE IS A PROBLEM.

SIGNATURE OF APPLICANT: _____ DATE: _____

STAFF SIGNATURE: _____ DATE OF RECEIPT: _____

Thank you, without you these programs would not happen!