



# TOWN OF BETHLEHEM

Albany County - New York  
**PARKS & RECREATION DEPARTMENT**

ELM AVENUE PARK  
261 ELM AVENUE  
DELMAR, NEW YORK 12054

(518) 439-4955 Ext. 2131

Fax: (518) 439-2144

Email: parks@townofbethlehem.org



## **2020 VOLUNTEER APPLICATION**

**(Due by May 1, 2020)**

**\*Must be entering grade 8 by Fall 2020\***

**\*Please print clearly!\***

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # (\_\_\_\_) \_\_\_\_\_ CELL # (\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH (**IF UNDER 18**) \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DID YOU VOLUNTEER IN 2019?  YES  NO (If yes, what program(s)?) \_\_\_\_\_

PLEASE CHECK ALL PROGRAMS OF INTEREST:

- Tiny Tot Swim
- Learn to Swim
- Play Factory
- Poolside Arts & Crafts
- Tennis
- Field Hockey

AVAILABILITY (Include day, dates and times available. Programs run June 29-August 7, 2020)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT SKILLS AND/OR CERTIFICATIONS \_\_\_\_\_

\_\_\_\_\_

PREVIOUS EXPERIENCE-List most recent job first. Include all full, part-time and volunteer work.

**EMPLOYER**

**NATURE OF WORK**

**DATE FROM/TO**

\_\_\_\_\_  
\_\_\_\_\_

See other side

EDUCATION-List most recent school first.

SCHOOL

FROM MO./YR.

TO MO./YR.

YRS. COMPLETED

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REFERENCES-Include personal and professional.

NAME

ADDRESS

PHONE

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**As an applicant you agree to and understand the following:**

1. Acceptance into the volunteer program depends on the number of positions available.
2. Participation in the volunteer program does not ensure you a paid position in the future.
3. All of the information on this application is true to the best of my knowledge.
4. We cannot guarantee we can accommodate schedule changes once volunteer assignments have been made

**APPLICANT SIGNATURE** \_\_\_\_\_

**Return to: Town of Bethlehem Parks & Recreation Department, 261 Elm Avenue, Delmar, NY 12054**

**FOR OFFICE USE ONLY**

DATE APPLICATION RECEIVED: \_\_\_\_\_

APPLICATION REVIEWED BY: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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