

SPARC Volunteer Form

Name: \_\_\_\_\_ Former Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Interested in Volunteer work at SPARC: (Check all that apply)

- Front Desk
- Coach/Activity Director
- Assistant Coach
- Building Maintenance
- Other

Please give us a brief description of your experience in the area you are looking to Volunteer: \_\_\_\_\_

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

Would you be willing to undergo a background check in order to work with youth?  
Y N

Are you CPR/First Aid Certified? Y N

Are you interested in becoming CPR/First Aid Certified? Y N

If you are interested in facilitating a program, please give us a brief description of that program including age group, time frame, and max number of participants:

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

As a Volunteer for South Peninsula Athletic and Recreation Center-SPARC, I acknowledge that I am a role model for youth and my actions need reflect the professional conduct of an adult working with children. I further understand that I must comply with all SPARC policy and keep confidential information private.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_